



Celebrating 25 Years

2018 FAM 5K Donations & Sponsorships

Businesses & Individuals

Benefits:  Bassett Healthcare Network
Cobleskill Regional Hospital

DONATIONS:

Friends of the FAM 5K: Enclosed is my donation of \$_____. (Please provide your contact information below.) All donors will be recognized in the local newspaper. Gifts in-kind are also welcome.

SPONSORSHIP LEVELS:

Platinum Sponsor: \$2,500

- Full-page color ad in program book*
- Eight event entries

Gold Sponsor: \$1,500

- Full-page color ad in program book*
- Four event entries

Silver Sponsor: \$1,000

- Full-page color ad in program book*
- Two event entries

Bronze Sponsor: \$500

- Half-page color ad in program book*

Copper Sponsor: \$250

- Recognition in program book

ALL SPONSORS RECEIVE:

- A listing on the FAM 5K website
- Recognition in the local newspaper

Business Name: _____
(This is how your company's name will appear in recognition listings.)

Contact Name: _____

Address: _____

Phone: (_____) _____ - _____ **Fax:** (_____) _____ - _____

Email: _____

SPONSORSHIP

Name/Level of Sponsorship:

\$ _____

I decline any tangible benefits (event entries) associated with this sponsorship.

Total = \$ _____

PAYMENT OPTIONS

Enclosed is a check made payable to: **Cobleskill Regional Hospital**
Memo line: FAM "Fund" Run/Walk
Please mail to: FAM Funds, PO Box 399, Cobleskill, NY 12043

Please *immediately* charge my:  **VISA**  

Account #: _____ CVV: _____

Signature: _____ Exp. Date: ___/___/___
(As it appears on your card.)

To make an Online donation, please visit: www.friendsofbassett.org/FAM5K.

If you want to participate in the FAM 5K, please go to fam5k.com/register.

Signature Required: _____ **Date:** _____
Your gift is tax-deductible to the extent allowed by law.

*** Program Ad Specs**

Color: Full-Page = 5W x 7.5H / Half-Page = 5W x 3.75H (high resolution PDF)

Due Date = 9/4/18 Please email ad to: fprivitera@famfunds.com