

Sponsorship Opportunities

\$2500 Champion Sponsor

(tax deductible: \$2380)

- Race Day recognition: company logo on event welcome sign and race shirt
- Logo inclusion on giveaway item
- Recognition on social media and race registration page
- Race entry for four runners

\$1000 Courage Sponsor

(tax deductible: \$940)

- Race Day recognition: company logo on event welcome sign and race shirt
- Recognition on race registration page
- Race entry for two runners

\$500 Forward Sponsor

(tax deductible \$470)

- Race Day recognition: company logo on event welcome sign and race shirt
- Recognition on race registration page
- Race entry for one runner

\$250 Dream Sponsor

(tax deductible \$250)

- Race day recognition: logo on kilometer marker along course (limited number available)
- Recognition on race registration page

Sponsorship deadline for race day recognition: **June 7, 2019**

In-kind sponsorship opportunities are also available. Please contact Mary Barnes at 216-618-1447 or mbarnes@metrohealth.org for more information

RESILIENCY
RUN



About the Run

The Resiliency Run was created in 2017 and organized by MetroHealth staff members to honor the resilience and strength of patients and their families who have experienced trauma. The event acknowledges survivorship and milestones in recovery and is celebrated by caregivers, loved ones, and the survivors.

Why Support the Run?

Your contribution directly impacts the Survivor experience and support services at the MetroHealth System. This event is for everyone, with all levels of ability, as it showcases the strength, resilience, and determination of the human spirit.

Race Details

Date: Saturday, June 22, 2019

Time: 9 a.m. – 5K Run Begins

Location: MetroHealth Medical Center
2500 MetroHealth Drive
Cleveland, OH 44109

Resiliency Run Sponsorship Confirmation Form



Saturday, June 22, 2019

MetroHealth Medical Center
2500 MetroHealth Drive
Cleveland, OH 44109

9 a.m. – 5K Run Begins

Please reserve the following Resiliency Run sponsorship package in my/our name:

- \$2,500 Presenting Sponsor
- \$1,000 Courage Sponsor
- \$500 Forward Sponsor
- \$250 Dream Sponsor
- Other donation _____

Total amount due: \$ _____

Company/Name _____
(Print name exactly as you would like to be recognized.)

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Payment Information:

- Check enclosed
- Credit card payment enclosed
 - VISA MasterCard Discover American Express

Name of Cardholder: _____
(as it appears on the card)

Account Number: _____ Exp. Date: _____

CV Number _____

Signature: _____

Make checks payable and return to: The MetroHealth Foundation, Inc.
c/o 2018 Event Sponsorship
2500 MetroHealth Drive, Towers 135A
Cleveland, OH 44109

To register for the run or walk, visit hermesccleveland.com

To donate online, visit metrohealth.org/foundation/ways-to-give, select Designation "other" and enter Resiliency Run in the free text box.

If you wish to not receive any fundraising communication supporting The MetroHealth System or The MetroHealth Foundation, please contact The MetroHealth System's Development Department by email at mhfdevelopment@metrohealth.org or by phone at 800-325-5606, ext. 85665 (calling from Ohio) or 800-554-5251, ext. 85665 (calling from outside Ohio).

