



COLORS OF COURAGE 5K RUN/WALK

SATURDAY, SEPT. 7, 2024

2024 SPONSORSHIP OPPORTUNITIES



PLATINUM SPONSORSHIP \$1,000

LARGE COMPANY LOGO ON RACE T-SHIRT & SPONSOR SIGNS AT EVENT • RECOGNITION AS SPONSOR BEFORE & AFTER EVENT • 10x10 BOOTH/VENDOR SPACE AT PRE-RACE EVENT ON 9/8 AND AT EVENT ON 9/9 • 8 RACE T-SHIRTS • 8 RACE REGISTRATIONS • RECOGNITION ON SOCIAL MEDIA & PRINT ADVERTISING

GOLD SPONSORSHIP \$750

COMPANY LOGO ON RACE T-SHIRT & SPONSOR SIGNS AT EVENT • RECOGNITION AS SPONSOR BEFORE & AFTER EVENT • 10x10 BOOTH/VENDOR SPACE AT PRE-RACE EVENT ON 9/8 AND AT EVENT ON 9/9 • 6 RACE T-SHIRTS • 6 RACE REGISTRATIONS • RECOGNITION ON SOCIAL MEDIA & PRINT ADVERTISING



SILVER SPONSORSHIP \$500

NAME ON SPONSOR SIGNS AT EVENT • RECOGNITION AS SPONSOR BEFORE & AFTER EVENT • NAME ON RACE T-SHIRTS • 4 RACE REGISTRATIONS • 4 RACE T-SHIRTS • RECOGNITION ON SOCIAL MEDIA & PRINT ADVERTISING



BRONZE SPONSORSHIP \$250

NAME ON SPONSOR SIGNS AT EVENT • RECOGNITION AS SPONSOR BEFORE & AFTER EVENT • 2 RACE REGISTRATIONS • 2 RACE T-SHIRTS

****SPONSOR LOGOS should be emailed to lisa.kendrick@pikevillehospital.org by Monday, August 26th for shirt placement****

COMPANY NAME (as it should appear on all promotional materials)

Note: Unless specified otherwise, sponsor's name may be used for promotional purposes related to this event

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

Payment Method: Cash Check/Money Order Credit Card

Name on Card _____ Card Type _____

Credit Card Number _____ Expiration _____ CID Code _____

CHECKS SHOULD BE MADE PAYABLE TO PMC FOUNDATION FOR QUALITY HEALTHCARE, INC.

MAIL TO:

PIKEVILLE MEDICAL CENTER ♦ PMC FOUNDATION ♦ ATTN: LISA KENDRICK
PO BOX 2515 ♦ PIKEVILLE, KY 41502

For more information, call 606-430-3515 or 606-213-5723