

# KIDS RUN

AN INDEPENDENT HEALTH FOUNDATION EVENT

## Kids Run Sponsorship Opportunities June 3, 2023

SPONSORSHIP LEVELS:	FRONT RUNNER \$3,500	TRAIL BLAZER \$2,000	SPRINTER \$1,000	WARM-UP \$100 & UNDER
LOGO RECOGNITION ON BUS SHELTERS AND BILLBOARDS IN BUFFALO METRO AREA				
RECOGNITION ON KIDS RUN WARM-UP VIDEOS				
LOGO RECOGNITION ON POSTCARDS SENT TO 10,000 HOMES				
LOGO ON 40,000 FLYERS DISTRIBUTED TO LOCAL ELEMENTARY SCHOOLS				
LOGO WITH LINK ON INDEPENDENT HEALTH FOUNDATION WEBSITE FOR ONE YEAR				
TAG/MENTION ON INDEPENDENT HEALTH FOUNDATION SOCIAL MEDIA				
RECOGNITION ON KIDS RUN RADIO AD				
COMPANY BRANDED ROAD SIGNS AROUND RACE TRACK				
RECOGNITION ON EMAIL SENT TO 5,000 PAST ATTENDEES AND 50,000 INDEPENDENT HEALTH MEMBERS	LOGO	LOGO	NAME MENTION	
OPPORTUNITY TO DISTRIBUTE COMPANY LITERATURE THROUGH KIDS RUN EVENT				
COMPANY RECOGNITION ON KIDS RUN WEBSITE	LOGO WITH LINK	LOGO	NAME MENTION	
LOGO RECOGNITION ON THANK YOU VIDEO SCREEN AT MAIN STAGE				
NAME RECOGNITION IN ANNUAL REPORT				
OPPORTUNITY TO MAKE A DIFFERENCE IN THE HEALTH AND WELL-BEING OF WESTERN NEW YORK				
WE COMMIT TO MAKING A DIFFERENCE IN OUR COMMUNITY <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Please complete this form by March 24, 2023 by mail, fax, or email to:**

Independent Health Foundation

511 Farber Lakes Dr., Buffalo, NY 14221 | Fax: (716) 635-3984 | [foundation@independenthealth.com](mailto:foundation@independenthealth.com)

Or online at: <https://www.kidsrunbuffalo.com/partners>

**PLEASE SELECT SPONSORSHIP OPPORTUNITY:**

- |  |  |
|--|--|
| <input type="checkbox"/> FRONT RUNNER SPONSOR \$3,500              | <input type="checkbox"/> TRAIL BLAZER SPONSOR \$2,000  |
| <input type="checkbox"/> SPRINTER SPONSOR \$1,000                  | <input type="checkbox"/> WARM-UP SPONSOR \$100 & UNDER |
| <input type="checkbox"/> I WANT TO CUSTOMIZE A SPONSORSHIP PACKAGE |  |



**CONTACT INFORMATION**

Company/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Day of Event Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

