



AN INDEPENDENT HEALTH FOUNDATION EVENT **Kids Run Sponsorship Opportunities** June 4, 2022

SPONSORSHIP LEVELS:	FRONT RUNNER \$3,500	TRAIL BLAZER \$2,000	SPRINTER \$1,000	WARM-UP \$
LOGO RECOGNITION ON BUS SHELTERS AND BILLBOARDS IN BUFFALO METRO AREA				
RECOGNITION ON KIDS RUN WARM- UP VIDEOS				
DEDICATED SOCIAL MEDIA POST				
LOGO RECOGNITION ON POSTCARDS SENT TO 10,000 HOMES				
LOGO ON 40,000 FLIERS 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 AND WRITTEN OVERVIEW	LOGO AND LINK	NAME MENTION	
LOGO RECOGNITION ON THANK YOU SPONSOR BANNER 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				





Please complete this form by March 25, 2022 and mail, fax, or email to:

Independent Health Foundation

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

PLEASE SELECT SPONSORSHIP OPPORTUNITY:	
FRONT RUNNER SPONSOR \$3,500	TRAIL BLAZER SPONSOR \$2,000
SPRINTER SPONSOR \$1,000	WARM-UP SPONSOR \$
I WANT TO CUSTOMIZE A SPONSORSHIP PACKAGE	
TABLE SPONSORSHIP PLEASE CHECK A SPONSOR LEVEL	
\$300 TABLE SPONSOR - I COMMIT TO PROVIDING AT ITEMS TO RACE ATTENDEES (HEALTHY ITEMS SUCH A STRESS BALLS, FRISBEES, ETC.) PLEASE NOTE SOME IT BALLOONS, CANDY, AND UNHEALTHY ITEMS. LIST ALL INFORMATIONAL MATERIALS, PRODUCTS AND/ORD DISTRIBUTE AT YOUR EXHIBIT SPACE (REQUIRED).	AS TOOTHBRUSHES, GYM BAGS, BOUNCY BALLS, TEMS ARE PROHIBITED AT THE PARK SUCH AS
\$600 TABLE SPONSOR - SPONSOR WILL NOT NEED PARTICIPANTS, BUT WILL RECEIVE RECOGNITION ON THE EVENT.	
CONTACT INFORMATION Company/Organization Name	_
Company/Organization Name:Contact Person:	
Address:	
City:	
Email:	
Day of Event Contact:	
Signature:	Date:

