# Walk 4 LIFE

BACK at the PARK!

4.30.22

## Sponsorship Opportunities

***This spring we're taking the walk back to the park!***

*The Care Net Family will gather together on April 30th at Newport News Park to celebrate **LIFE** in our community with live music, speakers and activities for kids.*

*Sponsoring the **2022 Walk4Life** is your opportunity to stand with over 1,000 passionate pro-lifers who are taking action to provide the help and hope local women need to **CHOOSE LIFE** for their baby.*

## For More Details Visit:

**PENINSULAWALK4LIFE.ORG**

## PLATINUM
$5,000+ SPONSOR

Verbal "Thank You" recognition as a platinum sponsor on stage at the event

Sponsor tent at the main gathering area

Opportunity to interact and engage with day-of participants in a customized way

Featured logo on 3500+ direct mail advertisements
*(subject to print deadlines)*

Featured logo and direct link on event registration page

Featured logo on t-shirts and event signage
*(subject to print deadlines)*

Social media recognition

## GOLD
$2,500 SPONSOR

Sponsor tent at the main gathering area

Logo on 3500+ direct mail advertisements
*(subject to print deadlines)*

Logo and direct link on event registration page

Logo on t-shirts and event signage
*(subject to print deadlines)*

Social media recognition

## SILVER
$1,000 SPONSOR

Logo on 3500+ direct mail advertisements
*(subject to print deadlines)*

Logo and direct link on event registration page

Logo on t-shirts and event signage
*(subject to print deadlines)*

## BRONZE
$500 SPONSOR

Name listed on event website

Name on t-shirts
*(subject to print deadlines)*

Name on event signature
*(subject to print deadlines)*

*Please Mail Form & Payment To:*
*CARE NET PENINSULA*
*11747 JEFFERSON AVE., SUITE 2D*
*NEWPORT NEWS, VA 23606*

*For a Digital Form & Online Payment Visit:*
*PENINSULAWALK4LIFE.ORG*

Organization/Individual Name: _____

*Please list your name as you wish it to appear on event publications.*

○ I prefer my sponsorship be anonymous

Address / City / State / Zip Code: _____

Phone Number / Email Address: _____

Website: _____

Company Logo:
Please email files to amanda@cnpeninsula.org

## PAYMENT METHOD

○ Enclosed is my check for $ _____
*Payable to Care Net Peninsula*

○ Charge my debit/credit card for $ _____
*Visa, MC or Discover*

Name on Card: _____

Billing Address *(if different from above)*: _____

Card No.: _____ Expiration: _____ CCV: _____

care net PENINSULA

757-591-0303 | CNPENINSULA.ORG

*Care Net Peninsula is a 501(c)3 non-profit organization and contributions are tax deductible as allowed by law.*
*We do not sell, lease or lend any information to other organizations or individuals. Year-end receipt will be provided.*