



# 7<sup>th</sup> Annual Spring Forward for Autism 5K Run/Walk

April 28<sup>th</sup>, 2019

UNR Mathewson-IGT Knowledge Center

## Donation/Sponsor Form

For more information visit [JUSTinHOPE.org](http://JUSTinHOPE.org)

Company Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Donation \$: \_\_\_\_\_ All donations are tax-deductible to the extent permitted by law.

The JUSTin HOPE Foundation is a 501(c)3: Tax I.D. #45-2490664.

**For sponsorship levels below, payment, form and logo must be received by: April 12, 2019.**

Submit form/payment via email to [justinhopefoundation@gmail.com](mailto:justinhopefoundation@gmail.com) OR mail to 870 Steneri Way #101, Sparks, NV 89431.

Benefits	Event Contributor \$500	Event Host \$1000	Event Sponsor \$2000	Corporate Sponsor \$3000
Logo on event T-shirts	✓	✓	✓	✓
Free vendor table	✓	✓	✓	✓
2 free event T-shirts	✓	✓	✓	✓
Logo on Website		✓	✓	✓
Logo on Website with link to your Website		✓	✓	✓
Company flyer in event goodie bag (You provide flyers)		✓	✓	✓
Display company banner at event			✓	✓
Recognition on any radio/television campaigns				✓
*Logo on all event flyers throughout the year				✓

Method of payment:  Credit Card  Check/Money Order, Payable To: JUSTin HOPE Foundation

Credit Card Type:  Visa  Master Card  Discover  American Express

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CID# \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

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

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