



2020 CCWS Family 5K For Life Sponsorship Form

November 1-7 | Virtual Event

YES, I WANT TO SUPPORT THE LIFE SAVING WORK HAPPENING AT CCWS!

Business Name: _____

Contact Person: _____ Email: _____

Business Address: _____ City _____ State _____ Zip: _____

Phone: _____ E-mail: _____

Premiere Sponsor \$10,000

- Your business logo Featured on the Back of Event T-Shirt (Enlarged as Focal Point)
- All features offered in packages below

Silver Sponsor \$1,000

- Two featured posts on social media pushing readers to your website.
- All features offered in packages below

Platinum Sponsor \$5,000

- 8.5"x11" flyer hung in three centers year round.
- All features offered in packages below

Bronze Sponsor \$500

- Logo featured on all event eblasts.
- All features offered in packages below

Gold Sponsor \$2,500

- Company featured in event eblast.
- All features offered in packages below

Exhibitor Sponsor \$250

- Event T-Shirt—your business name featured on back of shirt.
- Logo Included on the Event Website

Donation/Other: _____

By October 23, 2020, please send this completed form and company logo to:

brittney@ccwsmedical.org or mail to:

1028 E. Lincoln Highway, Coatesville, PA, 19320.

Thank you for your support!

Method of Payment:

Cash

Check made payable to Chester County Women's Services (# _____)

Credit: Visa Mastercard Discover

Name on Card: _____ Exp Date: _____

Number: _____ CVS: _____

Signature: _____

