



NAPERVILLE'S 5TH ANNUAL A Walk to Remember

BENEFITING THE WINGS OF HOPE ANGEL GARDEN AT EDWARD HOSPITAL

SPONSORSHIP/IN-KIND COMMITMENT FORM

I would like to sponsor at the following level: (please check one)

- \$1,000 - LEVEL 1 \$500 - LEVEL 2 \$250 - LEVEL 3 \$100 - LEVEL 4

Acknowledgement on Walk banner, walkway signs, t-shirts, and program book. Plus, a link to your business website on our website.

Acknowledgement on walkway signs, t-shirts, and program book.

Acknowledgement on t-shirts and program book.

Acknowledgement in program book.

Payment information: (please check one)

- Enclosed is a check in the amount of \$ _____

Please make check payable to Edward Foundation - SHARE Walk

- Please bill me

- I would like to charge my sponsorship to my credit card:

- MasterCard Visa American Express Discover

Account Number _____ Expiration Date _____

Signature (for charges only) _____

I would like to provide an in-kind donation:

Raffle prizes and other in-kind donations will be acknowledged in the Walk program and on raffle prize signage when raffle sales are taking place at Edward Hospital.

Description of in-kind donation _____

Donation value \$ _____

I would like a t-shirt:

- No, Thanks Yes, Please

If you answered yes, please select your desired t-shirt size:

Adult shirt sizes: Small Medium Large X-Large XX-Large

Please print clearly how you would like your name to appear on printed materials:

To ensure the appropriate acknowledgment, please submit sponsorships by October 2, 2009.

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Please return this form to:

Edward Foundation - SHARE Walk
801 South Washington Street ♦ Naperville, IL 60540