Prairie of Miracles 5k Sponsorship Form

The 5K Committee will secure sponsorships of this event to cover all costs, so that all participant entry fees can be proceeds. Proceeds from this event benefit University of Iowa Children's Hospital through Children's Miracle Network. This will include monetary sponsorships and in-kind sponsorships. In-kind sponsorships may cover awards to winners, food for all participants, and other. Monetary sponsorships may cover T-shirts, necessary equipment, and other. All sponsors will be recognized based on gift.

| Sponsor Level | Donation Total (In kind and/or Monatary) | Recognition Logo on 5K Website (if Provided) and Donated materials in Participants' Packets (Business Cards, Materials, etc.) | |
|---------------------------|---|---|------------------------|
| Black & Orange Sponsor | (In-kind and/or Monetary) Up to \$50.00 | | |
| Hawk Sponsor | \$50.00-\$100.00 | Logo on 5K Website (if Provided), Donated materials in Participants' Packets (Business Cards, Materials, etc.), and Name on T-shirts | |
| Miracles Sponsor | \$100.00 or More | Logo on 5K Website (if Provided), Donated materials in Participants' Packets (Business Cards, Materials, etc.), Logo on T-shirts (if Provided), and Recognition during Opening Ceremony | |
| Business Name: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Contact Name: | Title: | | |
| Phone No.: | Sponsor | Level: | |
| Donation Type: | Monetary In-kind | d Value: \$ | |
| In-kind Description: | | | |
| Logo To Be Provided (| If yes, email to PrairieOfMira | cles5k@outlo | ook.com): |
| Donated Materials: Pro | vided: To Be Provided | :: Descr | ription: |
| Signature: | | Da | nte: |
| For Office Use Only: | | | Initials: |
| | Date Donation Received: _ Date Donation Processed: | | Initials: Initials: |
| | Date Donation Processea: | | mulais: |

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