

Sponsorship Packet

PINK

ON PARADE
•• 5K ••



October 6, 2024
Participate in person or
virtually at PinkOnParade.com.


AdventHealth

Be Part of Pink!

Join AdventHealth's Pink on Parade 5K in person or virtually as we celebrate the brave individuals in our community battling breast cancer and spread awareness in Central Florida and beyond.

The community has rallied around Pink initiatives for over a decade, raising over \$1.4 million. These dollars have provided hope and healing to thousands through financial assistance, innovative research, early detection strategies and survivorship programs.

We are excited to connect with even more people throughout the United States. You can raise funds to support those affected by breast cancer, no matter where you are. Whether you are from a small town in North Carolina or a large city in Florida, we will be incredible together this year.



Since 2009



\$1,414,515
RAISED



19,125+
PARTICIPANTS



1,600+
INDIVIDUALS SUPPORTED

Sponsorship Packages



Join your community to support breast cancer survivors and spread awareness by becoming a 2024 Pink on Parade sponsor. Secure your sponsorship by **September 6, 2024**, to receive logo recognition.

	Presenting \$10,000	Platinum \$7,500	Gold \$5,000	Silver \$2,500	Bronze \$1,000	Community \$500
Entries	50	40	30	20	10	5
Sponsor Tent						
Logo on Website						
Logo on Shirt					Written	
Logo on Event Banner					Written	
Logo in Race Packet						
Flyer/Giveaway in Race Packet						
Social Posts	4	3	2	2	1	
Program Mention						

Customize Your Exposure

Sponsor a specific aspect of the race to highlight your sponsorship.

Examples: Photobooth Sponsor, Survivor Tent Sponsor, SWAG Sponsor, etc.

In-Kind Contributions

For sponsorship benefits, in-kind donations are categorized at 100% of their retail value.

All other in-kind contributions are categorized at 50% of their retail value.





Making a Difference Together

To participate in Pink on Parade or customize your sponsorship package, contact Aspyn Allen at 903-376-1300 or aspyn.allen@adventhealth.com.

SPONSORSHIP LEVEL (SELECT ONE)

Presenting (\$10,000)

Gold (\$5,000)

Bronze (\$1,000)

Platinum (\$7,500)

Silver (\$2,500)

Community (\$500)

In-Kind (Describe donation.) _____

ADDITIONAL RACE ENTRIES

Please see sponsorship packages for information on complimentary race entries.

Number of additional race entries: _____ x \$40.00 = _____

METHOD OF PAYMENT

Amount to be paid: \$ _____

Check (Make checks payable to: AdventHealth Foundation Central Florida and note "Pink on Parade" in the memo line. Mail to: 800 North Magnolia Avenue, Suite 600, Orlando, FL 32803)

Send Invoice to: _____

To pay by credit card, please visit PinkOnParade.com.

SPONSOR INFORMATION

Please see sponsorship packages for information on complimentary race entries.

Company Name: _____

Contact Name: _____ Email: _____

Address: _____

Phone Number: _____ Signature: _____

