



**Riverfront Park, Troy**  
**Saturday, April 27, 2019**  
**Registration starts at 10 am**



 **Sexual Assault & Crime  
Victims Assistance Program**

*Samaritan Hospital*

ST PETER'S HEALTH PARTNERS

## Sponsorship Opportunities

PLEASE NOTE: To be included on the event program, this form, logo and advertisement for the program must be received by Monday, March 26, 2019.

- STILETTO**      **\$5,000**  
Company Logo on:  
Event Web Page, T-shirt, Banner,  
Full-page Ad in Event Program  
(5.25" x 7.25"), 2 Complimentary  
Teams of 10 Walkers
- PUMP**      **\$2,500**  
Company Logo on:  
Event Web Page, T-shirt, Half Page Ad  
in Event Program (3.75" x 5.25"),  
1 Complimentary Team of 10 Walkers
- SLING-BACK**      **\$1,500**  
Company Logo on:  
Event Web Page, T-shirt, 1/4 Page  
Ad in Event Program (2.5" x 3.75"),  
1 Complimentary Team of 5 Walkers
- PEEP TOE**      **\$1,000**  
Company Name on:  
Event Web Page, T-shirt, 1/4 Page  
Ad in Event Program (2.5" x 3.75")
- MARY JANE**      **\$500**  
Company Name on:  
Event Web Page, T-shirt,  
Listed in Event Program
- WEDGE**      **\$250**  
Company Name on:  
Event Web Page, T-shirt,  
Listed in Event Program

Please indicate how you would like  
your name or organization name  
to appear in all printed materials:

\_\_\_\_\_

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

Title: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*If you are providing us with your  
logo, please email it directly to:  
Gina.Peca@sphp.com**

### PAYMENT METHOD

- Please accept my donation of \$ \_\_\_\_\_
- Please bill me for my pledge of \$ \_\_\_\_\_
- My check for \$ \_\_\_\_\_ made payable to:  
**Northeast Health Foundation** is enclosed.
- Please charge my credit card for \$ \_\_\_\_\_
- MasterCard       Visa  
 AMEX       Discover

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Exp: \_\_\_\_\_ / \_\_\_\_\_

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

**Please return this form via mail to:**  
**SACVAP**

c/o The Northeast Health Foundation  
310 S. Manning Blvd., Albany, NY 12208

OR

Register your sponsorship online at:  
**[www.WalkAMileSPHP.org](http://www.WalkAMileSPHP.org)**

Please call (518) 482-4433 with questions  
or  
email [Gina.Peca@sphp.com](mailto:Gina.Peca@sphp.com)