

Sponsors & Donations



Contact Name: _____

Business/Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Website/Social Media: _____

We would like to be a **Corporate Sponsor** for the Annual Community HealthNet Health Centers' Breast Cancer Awareness 5K Walk:

- ✓ Your organization's name will be displayed in the activities & vendor areas, CHN's Website (chn-indiana.org/bca5kw), CHN Social Media Sites, featured in BCA5KW 2020 Post-Walk Video on YouTube, CHN's Social Media Sites (@chnhealthcenters - Facebook, Twitter, LinkedIn, YouTube, & other CHN FB Pages)
- ✓ Vendor's Table at Walk

___ **\$5,000.00** Walk **Title** Sponsor

___ **\$1,000.00** Walk **Underwriter** Sponsors

___ **\$500.00** Walk **Diamond** Sponsors

___ **\$250.00** Walk **Gold** Sponsors

All Donations to support Breast Cancer Screenings and other Health Services provided by Community HealthNet, Inc.

My Organization will provide **Donations of:**

- ___ Promotional/Give-a-ways
- ___ Bottled Water
- ___ Fruit (Apples, Oranges, Bananas)
- ___ Health & Snack Bars
- ___ Coffee and associated items such as cups, cream, and sugar
- ___ Other

Items may be dropped off at the CHN Main Location (1021 W 5th. Ave., Gary, IN 46402) between the hours of 8am-4pm with Amanda Williams (219) 484-2444.

Please make all checks payable to:

Community HealthNet, Inc.
1021 W 5th Ave
Gary, Indiana 46402

Community HealthNet is a 501c (3) and donations are tax-deductible. Please consult with your Tax Advisor.