





WALK for AWARENESS

Cheers to 25 YEARS in the Fight Against Breast Cancer!

Sunday, October 20, 2024

11:30 am • Registration | 12:30 pm • Warm Up | 1:00 pm • Walk Begins

Overpeck County Park Amphitheater

 Remember to register your favorite canine companion so  they can join you for the Susan Lucianna Memorial Dog Walk.

Funds raised for The Leslie Simon Breast Care and Cytodiagnosis Center at Englewood Health provide diagnosis and treatment to uninsured and underinsured patients.

2024 SPONSORSHIPS

All sponsorships include a team with waived registration fees and T-shirts for team members!

○ Presenting Sponsor • \$20,000

- WFA Invitation Postcard, WFA Podium Recognition, Pre-event Social Media and Official 2024 WFA T-shirt
- Event Webpage and Englewood Health Lobby Friends Wall Listings
- 10 Pet Registrations and Dog Bandanas
- Maximum 18 Team Members

○ Leader Sponsor • \$10,000

- On-site Event Recognition, Social Media and Official 2024 WFA T-shirt
- Event Webpage and Englewood Health Lobby Friends Wall Listings
- 6 Pet Registrations and Dog Bandanas
- Maximum 15 Team Members

○ Champion Sponsor • \$5,000

- On-site Event Recognition, Social Media and Official 2024 WFA T-shirt
- Event Webpage and Englewood Health Lobby Friends Wall Listings
- 3 Pet Registrations and Dog Bandanas
- Maximum 10 Team Members

○ Advocate Sponsor • \$2,500

- On-site Event Recognition and Official 2024 WFA T-shirt
- Event Webpage Listing
- 2 Pet Registrations and Dog Bandanas
- Maximum 6 Team Members

○ Supporter Sponsor • \$1,000

- On-site Event Recognition and Official 2024 WFA T-shirt
- 1 Pet Registration and Dog Bandana
- Maximum 4 Team Members

○ Please accept my donation of \$_____.

For registration, sponsorships and a complete list of sponsor benefits, please visit walkforawareness.org.





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CONTACT

Please return completed form to foundation@ehmchealth.org.

Name _____

Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Sponsor Recognition Listing (for event signage) _____

Enclosed is a check for \$ _____ payable to Englewood Health Foundation.

Please charge my Visa Mastercard Discover AmEx for \$ _____.

Card Number _____

Expiration Date _____ CVV _____

Name as it appears on card

Signature



Presented by

