

SPONSORSHIP FORM

We/I agree to serve as a Sponsor of the Karene O'Hare/Bitsy Whitten Ovarian Cancer Memorial Race (aka: The Hare & Tortoise New Quarter Park Race) to be held on **September 11, 2021**.

Please designate below your sponsorship level:

_____ We will be a **PLATINUM** Sponsor and donate **\$1,000**. The benefits include:

- The business name and logo are given prominent position recognition on our run t-shirts and during the events.
- Six complimentary race entries and t-shirts.

_____ We will be a **GOLD** Sponsor and donate **\$500**. The benefits include:

- The business name and logo are given prominent position recognition on our run t-shirts and during the events.
- Four complimentary race entries and t-shirts.

_____ We will be a **SILVER** Sponsor and donate **\$250**. The benefits include:

- The business name and logo are given prominent position recognition on our run t-shirts and during the events.
- Two complimentary race entries and t-shirts.

_____ We will be a **BRONZE** Sponsor and donate **\$150**. The benefits include:

- The business name and logo are given prominent position recognition on our run t-shirts and during the events.
- One complimentary race entry and t-shirt.

Company Name

Contact Person

Street Address

City and Zip Code

(_____) _____
Phone Number

Please make your check payable to: **Williamsburg Community Foundation**

Mail the check and this completed form to the:

Williamsburg Community Foundation

Attn: Karene O'Hare/Bitsy Whitten Ovarian Cancer Memorial Race

1323 Jamestown Road, Suite 103, Williamsburg, VA 23185

The Foundation is a 501(c)(3) organization. Donations are tax deductible to the extent permitted by law. A receipt for tax purposes will be mailed to you.

To decline the complimentary race entry and t-shirt, please check here.

Please include a reproducible copy of your logo. If no logo is available, we will use the business name. The name of an individual will be used if an individual rather than a business serves as a sponsor.

OFFICE USE ONLY

Date _____ Check # _____ Amount _____