

## 2020 Sponsorship Pledge/Payment Form

Company:		
Conta	ct Name:	
Title: _		
Comp	any Street Address:	
Comp	any City, State & Zip:	
Conta	ct Phone:	
Contact Email:		
Comp	any Website:	
Comm	nitment:	
	\$10,000 Champion Sponsor	
	\$5,000 Hero Sponsor	
	\$2,500 Advocate Sponsor	
	\$1,500 Warrior Sponsor	
	\$1,000 Crusader Sponsor	
	\$500 Guardian Sponsor	
	\$250 Ally Sponsor	
	Other:	

Payment:		
	Check Enclosed Check to be sent on I will call (410)467-4246 with Credit Card payment information or pay online An EFT will be arranged	
Other Race Commitments:		
	Our business/employees would like to participate with a race team.  Our business/employees would like to participate in an online fundraiser through the race site.	
	Our business/employees would like to host a separate fundraising event.  Our business/employees would like to participate on the planning committee.  Our business/employees would like to volunteer on race day.	

Please forward responses to the contact information below. Please email corporate logos if you are a new sponsor, or if ongoing sponsors have had any changes since last year's event.

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