



## 4th Annual Family Fun Run

Supporting Maternal Child Health and Bereavement Programs at  
Chandler Regional and Mercy Gilbert Medical Centers

### Sponsorship Commitment Form

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

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I'd like to sponsor the Third Annual Family Fun Run on May 5, 2018 at the level indicated below:

- Family 5K Presenting Sponsor \$5,000
- 1 Mile Walk Sponsor \$2,500
- Kids Dash Sponsor \$1,000
- Water Station Sponsor \$1,000
- Expo Table Sponsor \$250

I am unable to attend. Enclosed is my tax deductible donation in the amount of \$\_\_\_\_\_

I am interested in volunteering at the event as an individual or with my company, please contact me with volunteer opportunities

#### Method of Payment:

Enclosed is my payment  
(please make checks payable to the Dignity Health Foundation – East Valley)

Please charge my credit card  
Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Card Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVN: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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

Please return sponsorship commitment forms to Catrina Boppart at  
Catrina.Boppart@dignityhealth.org or 480.728.3931

To mail sponsorships, please send them to:  
Dignity Health Foundation East Valley  
1727 E Frye Rd, Suite 230  
Chandler, AZ 85224