



5th 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 4, 2019 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