Sponsors & Donations

Contact Name: ________________________________

Business/Organization Name: ________________________________

Address: _____________________________________ City: ____________ State: _____ Zip: _________

Email: _______________________________________________________

Phone: ___________________________ Website/Social Media: ___________________________

We would like to be a **Corporate Sponsor** for the Annual Community HealthNet Health Centers' Breast Cancer Awareness 5K Walk:

- Your organization’s name will be displayed in the activities & vendor areas, CHN’s Website (chn-indiana.org/bca5kw), CHN Social Media Sites, featured in BCA5KW 2020 Post-Walk Video on YouTube, CHN’s Social Media Sites (@chnhealthcenters - Facebook, Twitter, LinkedIn, YouTube, & other CHN FB Pages)
- Vendor’s Table at Walk

___ $5,000.00 Walk **Title** Sponsor
___ $1,000.00 Walk **Underwriter** Sponsors
___ $500.00 Walk **Diamond** Sponsors
___ $250.00 Walk **Gold** Sponsors

All Donations to support Breast Cancer Screenings and other Health Services provided by Community HealthNet, Inc.

My Organization will provide **Donations of:**

___ Promotional/Give-a-ways
___ Bottled Water
___ Fruit (Apples, Oranges, Bananas)
___ Health & Snack Bars
___ Coffee and associated items such as cups, cream, and sugar
___ Other

Items may be dropped off at the CHN Main Location (1021 W 5th. Ave., Gary, IN 46402) between the hours of 8am-4pm with Amanda Williams (219) 484-2444.

Please make all checks payable to:

**Community HealthNet, Inc.**

1021 W 5th Ave

Gary, Indiana 46402

Community HealthNet is a 501c (3) and donations are tax-deductible. Please consult with your Tax Advisor.