

2019 WALK FOR LIFE

Saturday, May 11th



TURN YOUR OUTRAGE INTO ACTION

UNDERWRITING OPPORTUNITIES

Main Event Underwriter - \$2,500

Exclusive name/logo advertising banner at main event pavilion. Option to have information table at event.

Starting Line Underwriter - \$1,500

Exclusive name/logo advertising at the starting line. Option to provide coupons, give-away items for your business.

Finish Line Underwriter - \$1,500

Exclusive name advertising at the finish line. Option to provide coupons, give-away items for your business.

Refreshment Underwriter - \$1,000

**Monetary donation toward the purchase of food/drinks or provide catered breakfast or lunch for all attendees.*

Name/logo advertising displayed at food table.

Church Partner / Friend of Ministry Gift - \$500 *(Multiple available)*

Church/Name & logo displayed on all Event Day materials. Yard sign (listed below) also included.

Business Advertising Yard Sign - \$100 *(Multiple available)*

12x18 full-color yard sign displayed along walk route.

Please submit all logos/artwork to susie.driscoll@pregnancychoice.org by Friday, April 29th.

Choices Pregnancy Services is a 501c3 non-profit organization (Tax ID #25-1528068). All donations are tax deductible and a receipt will be sent to you. Monetary donations are used to help underwrite the cost of the event, enabling all walkers' donations & pledges to go directly to serving our clients.

2019 WALK FOR LIFE – UNDERWRITING RESPONSE FORM

Please complete the following and return

YOUR NAME / COMPANY: _____
(Please print your name as you would like it to appear in all printed event materials. Note here if 'Anonymous'.)

Address: _____ **City/State/Zip:** _____

Phone: _____ **Email Address:** _____

Underwriting Level & Amount: _____

Payment Options: Check Enclosed / Check # _____ Electronically via www.choices-for-life.org/donate
(if using this method, please send confirmation page along with this form)

Credit Card: Card #: _____ Exp Date: (mm/yy): _____
Card Type (circle one): Visa Mastercard Discover American Express

Authorized By: _____ Signature: _____

Return completed form to Choices Pregnancy Services at 626 5th Avenue Coraopolis PA 15108.

You can also return it to us via fax at 412-264-0600 or email to susie.driscoll@pregnancychoice.org