




OPERATION POWER UP

SPONSORSHIP PACKAGE

MAY 11, 2019



"restoring hope through motion... one joint at a time"



BECOME A SPONSOR

YOUR SUPPORT CAN CHANGE LIVES AROUND THE GLOBE

SUPPLYING POWER SPONSOR

- 10 tickets & VIP seating
- Representative on stage during Volunteer of the Year award presentation
- Statement recognizing sponsor
- Full page ad in program (size: 5" W x 8" H)
- Highlighted and tagged in OWM Instagram & Facebook posts
- Name & logo on advertising materials and event page of website
- Linked URL on event registration page
- Logo placement on event signage
- On-screen recognition of name during the event
- Name listing in the event program

\$10K

\$7.5K

\$5K

\$2.5K

\$1K

PURCHASING EQUIPMENT SPONSOR

- 6 tickets and VIP seating
- Statement recognizing sponsor
- Half page ad in program (size: 5" W x 3.91" H)
- Name & logo on advertising materials and event page of website
- Linked URL on event registration page
- Logo placement on event signage
- On-screen recognition of name during the event
- Name listing in the event program

IMPROVING CARE SPONSOR

- 4 tickets
- Quarter page ad in event program (size: 2.41" W x 3.91" H)
- Name & logo on advertising materials and event page of website
- Linked URL on event registration page
- Logo placement on event signage
- On-screen recognition of name during the event
- Name listing in the event program

REBUILDING LIVES SPONSOR

- 1 ticket
- Name on registration page and event page of website
- Name listing in the event program

RESTORING HOPE SPONSOR

- 2 tickets
- Name on registration page and event page of website
- Name placement on event signage
- On-screen recognition of name during the event
- Name listing in the event program

SPONSORSHIP PLEDGE FORM

PLEASE INDICATE YOUR SPONSORSHIP LEVEL

\$10K SUPPLYING POWER SPONSOR

\$2.5K RESTORING HOPE SPONSOR

\$7.5K PURCHASING EQUIPMENT SPONSOR

\$1K REBUILDING LIVES SPONSOR

\$5K IMPROVING CARE SPONSOR

OTHER AMOUNT _____

PLEASE INDICATE YOUR PREFERRED METHOD OF PAYMENT

CHECK ENCLOSED (MADE OUT TO OPERATION WALK MARYLAND)

PLEASE CONTACT ME FOR CREDIT CARD PAYMENT

PLEASE COMPLETE THE INFORMATION BELOW

COMPANY NAME:	EMAIL:
CONTACT PERSON:	PHONE:
WEBSITE:	
ADDRESS:	

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN THIS PLEDGE FORM ALONG WITH PAYMENT TO:

EMILY WOODS
OPERATION WALK MARYLAND
606 BALTIMORE AVENUE, SUITE 300
TOWSON, MD 21204

PLEASE EMAIL COMPLETED FORM: [EWOODS@OPERATIONWALKMD.ORG](mailto:ewoods@operationwalkmd.org)

ADDITIONAL INFORMATION VISIT: [OPERATIONWALKMD.ORG](http://operationwalkmd.org)