



2016 Epilepsy Awareness Stroll

Sponsorship Opportunities

- ◇ **Olympic - \$5,000**
 - Ribbon Cutting privilege on Day of Stroll
 - Event Sponsor credit on Epilepsy Awareness Stroll & EFNC websites
 - Event Sponsor credit on printed materials, tee-shirts & emails*
 - Two (2) tables with canopies on day of stroll
 - Sponsor-supplied banner and/or table cover for booth
 - Six (6) day of stroll admission tickets and six (6) tee-shirts

- ◇ **Marathon - \$3,500**
 - Marathon Sponsor credit on Epilepsy Awareness Stroll & EFNC websites
 - Marathon Sponsor credit on printed materials, tee-shirts & emails*
 - One (1) table with canopy on day of stroll
 - Sponsor-supplied banner and/or table cover for booth
 - Four (4) day of stroll admission tickets and four (4) tee-shirts

- ◇ **Sprinter - \$2,500**
 - Sprinter Sponsor credit on Epilepsy Awareness Stroll & EFNC websites
 - Sprinter Sponsor credit on printed material, tee-shirts & emails*
 - One (1) table with canopy on day of stroll
 - Sponsor-supplied banner and/or table cover for booth
 - Two (2) day of stroll admission tickets and two (2) tee-shirts

- ◇ **Stroller - \$1,500**
 - Stroller Sponsor credit on Epilepsy Awareness Stroll & EFNC websites
 - Stroller Sponsor credit on all printed material, tee-shirts & emails
 - One (1) table with canopy on day of stroll
 - Sponsor-supplied table cover for booth
 - One (1) day of stroll admission ticket and one (1) tee-shirt

- ◇ **Champion - \$1,000**
 - Champion Sponsor credit on Epilepsy Awareness Stroll & EFNC websites
 - Champion Sponsor credit on printed material, tee-shirts & emails*

* Please note: sponsorships must be received by May 6, 2016 to appear on tee-shirts.



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I would like to participate as a sponsor for the 2016 Epilepsy Awareness Stroll on Saturday, May 21, 2016 at Six Flags Discovery Kingdom.

- Olympic - \$5,000**
- Marathon - \$3,500**
- Sprinter - \$2,500**
- Stroller - \$1,500**
- Champion - \$1,000**

Name (as you would like it to appear on Stroll related materials):

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

PAYMENT METHOD:

Check Enclosed \$ _____
Amount

Credit Card Visa Mastercard American Express Discover

Credit Card Number: _____ CVC# _____ Exp. Date ____/____

Name on Card: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Please send your donation and completed form by **May 6, 2016** for inclusion in event materials.

Email your completed form to fnca@epilepsynorcal.org or mail or fax to:

Epilepsy Foundation of Northern California
155 Montgomery St., Ste 309, San Francisco, CA 94104
P: 415-677-4011 F: 415-677-4190 www.epilepsynorcal.org

Questions? Tracie Ramsey, Event Coordinator at 916-216-9036 or tracie@epilepsynorcal.org

Thank you for your generous support. Your contribution is tax-deductible as permitted by law. Tax ID 94-6128891.