

## ***2014 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**
  - Platinum Sponsor credit on Epilepsy Awareness Stroll & EFNC websites
  - Platinum 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**
  - Gold Sponsor credit on Epilepsy Awareness Stroll & EFNC websites
  - Gold 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**
  - Event Sponsor credit on Epilepsy Awareness Stroll & EFNC websites
  - Event 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

\* Please note: sponsorships must be received by May 1, 2014 to appear on tee-shirts.



STRONGER TOGETHER

## 2014 Epilepsy Awareness Stroll

### Sponsorship Opportunities

I would like to participate as a sponsor for the 2014 Epilepsy Awareness Stroll on Saturday, May 17, 2014 at Six Flags Discovery Kingdom.

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

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

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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 1, 2014** for inclusion in event materials.

Email your completed form to [efnca@epilepsynorcal.org](mailto:efnca@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](http://www.epilepsynorcal.org)

Questions? Tracie Ramsey, Event Coordinator at 916-216-9036 or [tracie@epilepsynorcal.org](mailto:tracie@epilepsynorcal.org)

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