



Northwestern Medicine Lake Forest **Race to Impact 2019 5K**  
September 22, 2019

## Sponsorship Reservation Form

### Sponsorship Opportunities

**Exclusive - \$5,000**

Tax Deductible (\$4,276)

**Platinum - \$2,500**

Tax Deductible (\$2,325)

**Gold - \$1,000**

Tax Deductible (\$925)

**Silver - \$500**

Tax Deductible (\$425)

**Bronze - \$300**

Tax Deductible (\$275)

**Raffle Donation** - Non-Tax-Deductible Item: \_\_\_\_\_

### Contact Information

Contact Name \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Payment

Enclosed is a check made payable to Northwestern Medicine Lake Forest Hospital in the amount of \$ \_\_\_\_\_

VISA                      MasterCard                      American Express                      Discover

Account Number \_\_\_\_\_ Exp. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Please send an invoice/payment request. *(If billing address is different from above, please specify and an invoice will be sent.)*

Name \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Thank you for supporting Northwestern Medicine Lake Forest**

Please email logo artwork before August 21 to: [hfc5K@nm.org](mailto:hfc5K@nm.org).  
Logo artwork should be in .jpg or .pdf format and at least 300dpi.

Questions? Please contact [hfc5K@nm.org](mailto:hfc5K@nm.org).