



19th Annual Race with Grace
Sunday, September 17, 2023 | 9AM
Cleveland Clinic Medina Hospital

Sponsorship Form: Please Return by Thursday, August 31, 2023.

<p>GRAND SPONSOR</p> <p>Inquire (1 Available)</p> <p>Billboard Advertising Finish Line Banner T-Shirt Logo Vendor Table 10 Race Entries</p>	<p>SURVIVOR TENT SPONSOR</p> <p>\$3,000 (SOLD!)</p> <p><i>Thank you MelCap Partners, LLC!</i></p>	<p>RACE BIB SPONSOR</p> <p>\$2,500 (2 Available)</p> <p>Logo on Race Bib with 1 Other Sponsor T-Shirt Logo Vendor Table 10 Race Entries</p>
<p>T-SHIRT GOLD SPONSOR</p> <p>\$2,000 (25 Available)</p> <p>T-Shirt Logo Vendor Table 10 Race Entries</p>	<p>WATER TABLE SPONSOR</p> <p>\$1,500 + Water (SOLD!)</p> <p><i>Thank you Pfister Orthodontics!</i></p>	<p>FOOD TRUCK SPONSOR</p> <p>\$500 (5 Available)</p> <p>Signage Near Food Trucks Name on T-Shirt Vendor Table</p>
<p>EXTRA MILE CLUB</p> <p>\$500 in Gift Cards (3 Available)</p> <p>Team Captain Incentive Sponsor Name on T-Shirt Vendor Table</p>	<p>T-SHIRT SILVER SPONSOR</p> <p>\$500 (Unlimited)</p> <p>Name on T-Shirt Vendor Table</p>	<p>T-SHIRT BRONZE SPONSOR</p> <p>\$250 (Unlimited)</p> <p>Name on T-Shirt</p>

Sponsoring is as easy as 1, 2, 3:

- 1) Fill out your personal and/or business information
- 2) Elect a sponsorship level
- 3) Mail this form with payment

Mail this form with payment to:

Mary Grace Memorial Foundation
PO BOX #1822
Medina, Ohio 44258

Sponsor Name (as it would appear on T-shirts): _____

Contact Name: _____

Full Address (Street, City, State, Zip): _____

Phone: _____

Email: _____

Sponsorship Level (Select from above - i.e. "GRAND SPONSOR") _____