



**HEALTHY STRIDES 5K/10K SPONSORSHIP FORM**  
*Sponsor Deadline March 31<sup>st</sup>*

Name \_\_\_\_\_  
*Please print name exactly as it should be listed in publications*

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

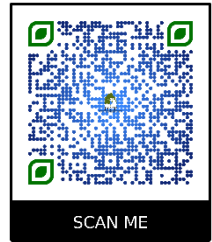
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**SPONSOR LEVEL**

- Title Sponsor \$10,000\* *(Exclusive to one sponsor!)*
- Major Sponsor \$5,000-\$9,999\*
- Supporting Sponsor \$1,000- \$4,999\*
- Healthy Strides 5K/10K Sponsor - \$500- \$999\*
- In-Kind Donations *(goods or professional services)*




Description \_\_\_\_\_ Value \$ \_\_\_\_\_

*\*To see Sponsorship Level Benefits, visit*  
<https://fairfaxparkfoundation.org/our-projects/healthy-strides/>

**PAYMENT METHOD**

- CHECK** *(no processing fee)*  
Payable to **Fairfax County Park Foundation**  
Mail to **FCPF, 12055 Government Center Parkway, Suite 404, Fairfax, VA 22035**
- ACH PAYMENT** *(no processing fee)*  
For information, please contact Brooke Nielsen, FCPF Finance Administrator, by phone 703-324-8582 or by email [Brooke.Nielsen@fairfaxcounty.gov](mailto:Brooke.Nielsen@fairfaxcounty.gov).

- CREDIT CARD**  *(please add 2.3% when paying with credit card to cover processing fees)*  
Name on Card *(print)* \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_ Security Code *(back of card)* \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed form by mail  
FCPF, 12055 Government Center Parkway, Suite 404, Fairfax, VA 22035  
or email [parkfoundation@fairfaxcounty.gov](mailto:parkfoundation@fairfaxcounty.gov)  
with your company logo in Vector file format