





HEALTHY STRIDES 5K/10K SPONSORSHIP FORM

Sponsor Deadline March 31st

Name			
Please print name exactly as it s	should be listed in publications		
Primary Contact	Title	Title	
Address			
City	State	Zip	
Phone	E-Mail		
SPONSOR LEVEL			
☐ Title Sponsor \$10,000* <i>(Exc</i>	clusive to one sponsor!)		
☐ Major Sponsor \$5,000-\$9,99	-		
☐ Supporting Sponsor \$1,000			
☐ Healthy Strides 5K/10K Spo			
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☐ In-Kind Donations (goods or professional services)			
In Mild Donations (goods of projessional services)			
Description	Description Value \$		
*To see Sponsorship Level Benefits, visit			
https://fairfaxparkfoundation.org/our-projects/healthy-strides/			
P	AYMENT METHOD		
□ <u>CHECK</u> (no processing fee)		ACH PAYMENT (no processing fee)	
Payable to Fairfax County Park Foundat	· •	For information, please contact Brooke Nielsen, FCPF	
Mail to FCPF, 12055 Government Cente		Finance Administrator, by phone 703-324-8582 or by	
Parkway, Suite 404, Fairfax, VA 22035	email <u>Brooke.Nielsen@fairfaxcounty.gov</u> .		
□ CREDIT CARD VISA (plea	se add processing fee when paying with credit	card)	
Name on Card(print)			
Credit Card #			
Exp. Date	Security Code (b	Security Code (back of card)	
Signature		Date	
Send completed form by mail			
FCPF 12055 Government Center Parkway Suite 404 Fairfay VA 22035			

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or email parkfoundation@fairfaxcounty.gov
with your company logo in Vector file format