



SUNDAY, MAY 5, 2024

MCWILLIAMS PARK

1041 MOBLEY HILL ROAD, ELBERTON, GA 30635

3:00-5:00PM

SPONSORSHIP INFORMATION



Join us for a family-friendly
5K RUN & WALK

to raise awareness for mental health

Enjoy Live Music, Family-Fun Activities
along with Food & Drinks

MENTAL HEALTH AWARENESS STATISTICS

1 in 5

Americans experience
mental health
conditions each year.

1 in 25

Americans experience
serious mental health
conditions each year.

**Suicide is
up 34%
Since 2000**

Suicide is the leading
cause of death for
people 18-34

**ONLY
40%**

Received treatment
for their mental health
conditions last year,
despite millions of
Americans having them.



Sponsorship Options

Please review our sponsorship options below.

SPONSOR BENEFITS	TITLE \$5000	GOLD \$2500	SILVER \$1000	BRONZE \$500	PEWTER \$250	COPPER \$100
LOGO ON STAGE BANNER	✓ Top Billing	✓ Secondary to Title Sponsor	COMPANY NAME Placement below higher levels	COMPANY NAME Placement below higher levels	COMPANY NAME Placement below higher levels	COMPANY NAME Placement below higher levels
LOGO ON EVENT T-SHIRTS	✓ Top Billing	✓ Secondary to Title Sponsor	COMPANY NAME Placement below higher levels	COMPANY NAME Placement below higher levels	NA	NA
LOGO ON EVENT PAGE	✓ Top Billing	✓ Secondary to Title Sponsor	✓ Placement below higher levels	✓ Placement below higher levels	✓ Placement below higher levels	✓ Placement below higher levels
PREMIUM PLACEMENT FOR TABLING	✓	✓	✓	✓	✓	NA
THANK YOU IN PROGRAM	✓	✓	✓	✓	NA	NA

Yes, we'd like to sponsor the Health Meets Hope 5K!

By completing this form, you agree to the terms of service listed below.

CHOOSE YOUR LEVEL

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> \$5000 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$2500 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> \$1000 | <input type="checkbox"/> \$100 |

CONTACT

Company/Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

PAYMENT OPTIONS

Please indicate preferred payment method

Check is enclosed, payable to: Friends of Advantage

Please send invoice to contact listed above

Please send ACH payment information to contact listed above

Please charge: M VISA AMEX DISC

Card Number: _____

Expiration Date: _____

Name on Card: _____ CVV: _____

To register for Health Meets Hope 5K Run/Walk online go to www.classicraceservices.com

AUTHORIZATION & SIGNATURE

Signature: _____ Date: _____

Printed Name: _____

For More Information please contact Tammy Dalton

tammy.dalton@advantagebhs.org or call 706-614-6144

for more information visit friendsofadvantage.org