



CAMP SOL

HEART & SOL

5k & 1 Mile FUN RUN



SATURDAY MAY 16, 2015
Meadowmere Park - Grapevine

WHAT Financial and In Kind sponsorship opportunities supporting the Heart & Sol Run benefitting Camp Sol, Inc.

WHEN May 16, 2015 from 7:30 am - 1:00 pm **WHERE** Meadowmere Park - Grapevine, TX

MORE ABOUT CAMP SOL Camp Sol (www.campsol.org) is a group of bereaved parents, medical professionals and mental health professionals bonded to serve the common cause of assisting grieving families through one of life's most difficult tragedies: the death of a child. Camp Sol utilizes the experiences of parents who have experienced the death of a child, along with the expertise and support of child life specialists, nurses, physicians, chaplains, social workers, play therapists, music therapists and community grief support representatives to assist grieving families. Camp Sol is a non-profit, 501(c)3 organization.

All donations are tax-deductible.

SPONSORSHIP LEVELS

- \$5,000: PRESENTING SPONSOR - Benefactor Sponsor benefits plus name/logo in title of the event
- \$3,000: BENEFACTOR- Platinum Sponsor benefits plus table on race day (separate city permit may be required)
- \$1,500: PLATINUM SPONSOR- name/logo included on registration website, race day signage, and race t-shirts
- \$500: GOLD SPONSOR- name/logo included on race day signage and race t-shirts
- \$250: SILVER SPONSOR- name/logo included on race day signage
- \$____ : VIRTUAL RUNNER-Camp Sol supporter, **donate any amount at anytime until May 15th at: heartsol.athlete360.com**

IN KIND DONATION SUGGESTIONS

- Printing needs (signs, banners, etc.) -Cups -Water Bottles (individual and 5 gallon)
- Food (bananas, bagels, energy bars) -Ice -Gift Certificates(Sam's/Costco) /Prizes

QUESTIONS? Contact the race organizers: Champions for Charity at championsforcharityrun@gmail.com
Maitry 817-798-0277 Urmesh 817-658-4056 Jaina 817-798-4113

SPONSOR COMMITMENT

Monetary Donation: \$ _____ In Kind Donation: _____ valued at \$ _____

Please make my donation in honor/memory of _____

Name/Business: _____

Billing Address: _____

City/State/Zip: _____

E-mail address: _____

PAYMENT METHOD:

_____ Check Enclosed (Make checks payable to Camp Sol, Inc.) Mail Checks to:
Camp Sol, C/O Lisa Jones, Children's Medical Center-Child Life, 1935 Medical District Drive, Dallas, TX 75235

_____ Credit Card: Type & Name on Card: _____

Card Number _____ Security Code: _____ Exp: _____

Thank you for your generous contribution and support of Camp Sol, Inc.