

EMAIL, FAX OR RETURN THIS FORM BY MAIL NO LATER THAN <u>APRIL 7, 2017</u>: KSDS DEVELOPMENT OFFICE

MAIL: 8100 STEVENSON ROAD | BALTIMORE, MD 21208

EMAIL:LMINKINFRIEDMAN@KSDS.EDU FAX: 410-486-6106

[] YES, we would like to support Schechte	r on the Move 5K as a s	ponsor at the leve	l below:
\$5,000 Level Donor \$2,500 Level Donor \$1,000 Level Donor	\$2,500 Level Donor \$250 Level Donor		Donor
Company/Organization Name			
Authorized Officer Name/Title or Position			
Address/City/State/Zip			
Printed Name of Authorized Officer	Signature		 Date
Printed Name of Contact Person (if different)	Email		Phone
All sponsorship levels include recognition o have a table at the event to provide compa		Move 5K event pa	nge and the opportunity to
Do you want a promotional table at	the event? YES	NO	
 Please send an electronic file copy of organization name should appear. 	of your logo (prefer .eps	or high-res .jpeg	file) and/or how your

Once this form is returned, your contact will receive electronic instructions with a code on how to register participants for the race and select race shirt sizes.