



2026 WALK FOR LIFE

**Sponsorship
Opportunities**



2026 WALK FOR LIFE

May 2 | 9 AM - 11 AM

The MAC

216 N Parsons Ave Brandon, FL 33510

Fundraise to Walk



Scan here for more information and to register.

Fundraise \$150+

and receive a t-shirt

Fundraising Incentives:



RAISE \$150- WALK T SHIRT

RAISE \$500- PRAY FOR BABIES HAT

RAISE \$1,200- CHOICES MUG AND SEVEN WEEKS COFFEE

TOP FUNDRAISER: ONE NIGHT STAY AT HILTON DOWNTOWN TAMPA

All donations/purchases must be made on or by April 28

To register for the event and to create your fundraising page visit empoweredtochoose.net.

For more Information contact jessica@choicesclinics.org or call 813-654-0491.

Sponsorship Opportunities

Fundraising Goal: \$50,000

Platinum Sponsor: \$10,000

- Your Company logo in prominent position on all materials, above other levels
- Priority seating for the 2026 Gala
- Visual and verbal recognition at the event
- Website recognition for 1 year
- This level also includes everything listed below

Gold Sponsor: \$5,000

- Logo on sponsorship poster at event as well as on LED wall
- Personalized banner with logo displayed at event.
- Your company name and logo displayed along the walking path at the event
- Verbal recognition sponsor at the event
- This level also includes everything listed below

Silver Sponsor: \$2,500

- Opportunity to set up a table with promotional items at event.
- This level also includes everything listed below

Bronze Sponsor: \$1,200

- Name on sponsorship poster at event as well as on LED wall
- Company will be featured on our Facebook page
- E-Newsletter recognition to over 3,000 contacts
- Promoted on Peer-To-Peer Online Fundraising campaign pages

CONTACT NAME (PLEASE PRINT)

TITLE

COMPANY

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

PLATINUM SPONSOR: \$10,000

GOLD SPONSOR: \$5,000

SILVER SPONSOR: \$2,500

BRONZE SPONSOR: \$1,200

PAYMENT INFORMATION :

I HAVE ENCLOSED CHECK #:

IN THE AMOUNT OF:

(PLEASE MAKE CHECK PAYABLE TO CHOICES)

PLEASE CHARGE MY: VISA MASTERCARD DISCOVER

CARD NUMBER:

EXPIRATION:

CVV:

CARDHOLDER'S NAME (PLEASE PRINT):

SIGNATURE:

PLEASE SEND PAYMENT & COMPLETED FORM TO:

CHOICES

619 EICHENFELD DR.

BRANDON, FL 33511

TAX ID#59-3229320

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