

# RUN FOR MOM

**Sunday May 12, 2024**

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## SPONSORSHIP PACKAGE



**WWW.FVHCF.CA**

**TOLL FREE: 1-877-661-0314**

# About Fraser Valley Health Care Foundation

## OUR MISSION:

Fraser Valley Health Care Foundation builds partnerships with individuals, community organizations and businesses to support our local hospitals and health care service within the Fraser Valley Regional District.

## OUR PURPOSE:

To further the improvement of health care in the facilities and programs operated, funded or endorsed by the Fraser Health Authority within the Fraser Valley Regional Hospital District through providing support for equipment, education, research, operations, construction and development.

## WHAT DO WE DO?

The Foundation provides funding for the benefit of health care services within Fraser East of the Fraser Health Authority including much needed hospital equipment, public health, mental health and home health programs and services. This area, also known as the Fraser Valley Regional District, includes:

- City of Abbotsford
- City of Mission
- City of Chilliwack
- Village of Harrison Hot Springs
- District of Hope

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## About Run For Mom

Run for Mom is a Mother's Day celebration and fundraising event for the Fraser Valley Health Care Foundation supporting Chilliwack General Hospital. Year after year, participants and their families help raise money that directly benefits programs for women and children at Chilliwack General Hospital

## WHAT IS THE EVENT?

5K Fun Run  
Sunday, May 12, 2024  
8:00am Registration  
9:00am 5K Walk or Run

## REGISTRATION FEES:

\$10 - Kids  
\$15 - Adults

## WHERE IS IT?

Vedder Trail at the Dog Park  
Chilliwack, BC

## HOW CAN I SUPPORT THIS EVENT?

- Sponsor this event
- Put a team together to participate in the Run for Mom
- Share the event on your social media platforms and website
- Donate to the cause via our website





<b>Sponsorship Levels</b>	<b>TITLE SPONSOR</b>	<b>DIAMOND SPONSOR</b>	<b>RUBY SPONSOR</b>	<b>EMERALD SPONSOR</b>	<b>SAPPHIRE SPONSOR</b>
	<b>\$5,000</b>	<b>\$2,500</b>	<b>\$1,000</b>	<b>\$500</b>	<b>Gift In Kind</b>
Exclusive Title Sponsorship rights	■				
Logo on participant bibs	■				
Logo placement (poster, print, promotional material)	■	■			
10x10 booth at registration	■	■			
Verbal recognition during the day of the event	■	■			
Complimentary entries to the race of your choice	10	4	2		
Opportunity to supply promotional items in participant packages (700 pieces)	■	■	■	■	
Logo placement on event signage	■	■	■	■	
Logo placement on Thank You Sponsor signage and post event material	■	■	■	■	Name Only
Opportunity to provide prizing for further exposure	■	■	■	■	■
Recognition in FVHCF newsletters	■	■	■	■	■

# SPONSORSHIP AGREEMENT FORM

Yes, I would like to sponsor *Run for Mom* on **Sunday May 12, 2024**

**Sponsor Name:** \_\_\_\_\_  
(Please use business name unless acting as an individual sponsor)

**Contact Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Prov:** \_\_\_\_\_ **Postal:** \_\_\_\_\_

**Phone :** \_\_\_\_\_ **Website:** \_\_\_\_\_

**SPONSOR PACKAGE:** (please check one)

Amount to be charged: \$ \_\_\_\_\_

<input type="checkbox"/>	<b>Title Sponsor</b> \$5,000.00	<input type="checkbox"/>	<b>Diamond</b> \$2,500.00	<input type="checkbox"/>	<b>Ruby</b> \$1,000.00	<input type="checkbox"/>	<b>Emerald</b> \$500.00	<input type="checkbox"/>	<b>Sapphire</b> GIK
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**Payment Method:** ☐ Cash ☐ Cheque ☐ Credit Card

**Card Number:** \_\_\_\_\_

**Expiry:** \_\_\_\_\_ **CVC:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## **AGREEMENT** - \*please sign below

Signing the below states that \_\_\_\_\_ (your business name) agrees to enter into a sponsorship contract with the charity fundraiser RUN FOR MOM which supports the Fraser Valley Health Care Foundation.

For their sponsorship dollars the above named sponsor will receive the agreed upon sponsor recognition and in return fulfill the duties and meet the requirements listed with the chosen sponsor package. Sponsor recognition will not begin until payment has been made in full.

**Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Drop-off or mail agreement & payment to:**

Fraser Valley Health Care Foundation (Main Office)  
Attn: Run for Mom 2018  
32900 Marshall Road  
Abbotsford, BC V2S 0C2