

25  
YEARS



Fraser Valley  
Health Care  
FOUNDATION

# RUN FOR HOPE

PRESENTED BY

**MR. LUBE+TIRES**



**SPONSORSHIP PACKAGE**

**OCTOBER 4<sup>TH</sup>, 2025**

1-877-661-0314  
WWW.FVHCF.CA

OUR PARTNERS



# ABOUT THE 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 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

## ABOUT RUN FOR HOPE

Taking place on October 4, 2025, this 5k fun run/walk loop starts at Fraser Canyon Hospital and along the Coquihalla River, Thacker Park, and back to the hospital.

By participating in Run for Hope, you'll not only have a great time but also will make a meaningful difference in the community. Your support will directly benefit Fraser Canyon Hospital, helping to provide essential resources and support the greatest need.

## EVENT DETAILS

- **Date:** Saturday October 4<sup>th</sup>, 2025
- **Time:** 9:00am registration, 10:00am start
- **Location:** Fraser Canyon Hospital, 1275 7th Ave, Hope BC
- **Distance:** 5km, walk or run

## REGISTRATION FEES

- \$15 ~ Ages 13+
- \$10 ~ Ages 12 & under

## HOW TO SUPPORT THE EVENT

- Sponsor this event
- Put a team together to participate
- Share the event on social media
- Donate to the cause via our website



# RUN FOR HOPE SPONSORSHIP LEVELS

## **TITLE SPONSORSHIP** ..... **\$1,500.00**

- Exclusive title naming
- Acknowledgment in all press releases
- Logo on race bibs
- Podium recognition
- Logo on event signage, digital media and print material
- Tent or other signage put up at registration and the starting/finish line
- Opportunity to provide prize for further exposure

## **SILVER SPONSORSHIP** ..... **\$750.00**

- Podium recognition
- Logo on event signage, digital media and print material
- Logo on event signage, digital media and print material
- Opportunity to provide prize for further exposure

## **BRONZE SPONSORSHIP** ..... **\$350.00**

- Name on event signage, digital media and print material
- Opportunity to provide prize for further exposure

## **SUPPORTER** ..... **Gift in Kind Sponsorship**

- Name on event signage, digital media and print material
- Opportunity to provide prize for further exposure



# SPONSORSHIP AGREEMENT FORM

Yes, I would like to sponsor **Run for Hope** on **Saturday October 4<sup>th</sup>, 2025**.

**Sponsor Name:** \_\_\_\_\_

(Please use business name unless acting as an individual sponsor)

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

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

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

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

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

☐

Title Sponsor  
\$1,500.00

☐

Silver Sponsor  
\$750.00

☐

Bronze Sponsor  
\$350.00

☐

Supporter  
Gift in Kind

**PAYMENT METHOD:**

☐

Cash

☐

Cheque

☐

Credit Card

**Amount to be Charged:** \$ \_\_\_\_\_

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

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

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

**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 HOPE which supports the Fraser Valley Health Care Foundation and Fraser Canyon Hospital. 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:** \_\_\_\_\_

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

Fraser Valley Health Care Foundation  
(Regional Office) 32900 Marshall Road  
Abbotsford, BC V2S 0C2

[www.fvhcf.ca](http://www.fvhcf.ca)  
1-877-661-0314