



























HEAT IT TO BEAT IT

at *Mercy*

SPONSORSHIP OPPORTUNITIES AND BENEFITS

Sunday, September 18, 2022

	Presenting (\$10,000)	Flaming Hot (\$7,500)	Blazing Hot (\$5,000)	Red Hot (\$2,500)	Steaming Hot (\$1,500)
Walk Registrations	10	8	6	4	2
Heat It To Beat It Logo Item (e.g., shirt, mask)	10	8	6	4	2
Logo on Race Bibs*					
Promotional Table at Event					
Logo on HITBI Item					
Recognition in Speaking Program					
Logo on Event Signage*					
Logo on Printed Materials* (Postcard, Program)					
Logo on Event Website & Emails					
Social Media Promotion					

**Date Sensitive*



**Walk to Raise Awareness and Funds for Peritoneal Carcinomatosis
Presented by The Institute for Cancer Care at Mercy**

Sunday, September 18, 2022

SPONSORSHIP COMMITMENT FORM

YES, we will gladly support Heat It To Beat It 2022 as follows:

☐ **Presenting Sponsor: \$10,000**

(tax-deductible amount is \$9,500;
value of goods and services is \$500)

☐ **Flaming Hot Sponsor: \$7,500**

(tax-deductible amount is \$7,100;
value of goods and services is \$400)

☐ **Blazing Hot Sponsor: \$5,000**

(tax-deductible amount is \$4,700;
value of goods and services is \$300)

☐ **Red Hot Sponsor: \$2,500**

(tax-deductible amount is \$2,300;
value of goods and services is \$200)

☐ **Steaming Hot Sponsor: \$1,500**

(tax-deductible amount is \$1,400;
value of goods and services is \$100)

We are unable to sponsor **Heat It To Beat It** but would like to support this event with a gift of \$_____.

Company Name: _____

(Please list as you would like it to appear on published materials.)

Contact Name: _____ Title: _____

Mailing Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____ Email: _____

PAYMENT OPTIONS

☐ **Check.** Enclosed is my check made payable to **Mercy Health Foundation.**

☐ **Charge.** Please charge \$_____ to my credit card.

☐ American Express

☐ Discover

☐ MasterCard

☐ Visa

Cardholder: _____ Signature: _____

Credit Card Number: _____ Expiration Date: _____

Please mail with payment to: Nichole Komninos, Senior Development Officer, Mercy Health Foundation,
301 St. Paul Place, Baltimore, MD 21202.

Logo Specifications: Please email a vector EPS file and a 300 DPI jpeg file of your corporate logo both in color and black & white to nkomninos@mdmercy.com by August 1, 2022.

For More Information: Please contact Nichole Komninos at 410.332.9515 or nkomninos@mdmercy.com
Mercy Medical Center tax ID number is 52-0591658. Mercy Medical Center is a nonprofit organization, donations to which are tax-deductible as allowed by law. Mercy welcomes charitable contributions to advance its mission to health care, benefit the community and/or demonstrate good corporate citizenship. Contributions are not to be linked, implicitly or explicitly, to any expectation or agreement that Mercy Medical Center will use, order, recommend or make a referral for any product or service and may not result in a personal benefit to any individual, corporation, foundation, or organization.

The Board of Trustees and the Sisters of Mercy thank you for your generous support!