

























HEAT IT TO BEAT IT

at *Mercy*

SPONSORSHIP OPPORTUNITIES AND BENEFITS

Sunday, September 22, 2024

Benefits	Presenting (\$10,000)	Flaming Hot (\$7,500)	Blazing Hot (\$5,000)	Red Hot (\$2,500)	Steaming Hot (\$1,500)
Walk Registrations & HITBI T-shirts	10	8	6	4	2
Promotional Table at Event					
Recognition in Speaking Program					
Logo on Postcard*					
Logo in Program*					
Logo on Event Signage*					
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 22, 2024

SPONSORSHIP COMMITMENT FORM

YES, we will gladly support Heat It To Beat It 2024 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 15, 2024.

For More Information: Please contact Nichole Komninos at 410.332.9515 or nkomninos@mdmercy.com

Mercy Health Foundation tax ID number is 52-2173656. Mercy Health Foundation 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.