



SPONSOR RESPONSE FORM

DMACC 5K Walk/Run
Saturday, September 28, 2024

Sponsor Information

Company _____

Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

I want to sponsor at the following level:

- | | | |
|--|---|--|
| <input type="checkbox"/> Presenting - \$5,000 | <input type="checkbox"/> Tent - \$3,500 | <input type="checkbox"/> Breakfast - \$2,500 |
| <input type="checkbox"/> Fun Zone - \$2,500 | <input type="checkbox"/> Medal - \$2,500 | <input type="checkbox"/> Timing - \$1,500 |
| <input type="checkbox"/> Entertainment - \$1,000 | <input type="checkbox"/> Race Bib - \$1,000 | <input type="checkbox"/> Mile Marker - \$1,000 |
| <input type="checkbox"/> Water Stop - \$1,000 | <input type="checkbox"/> Race Day - \$500 | |

Payment Options

Total Sponsorship \$ _____

- Enclosed is my check made payable to DMACC Foundation.
- Please invoice me. Month to be invoiced _____
- I will go online to foundation.dmacc.edu to make my payment.
- I'm unable to attend this year, but want to support DMACC students.

Enclosed is my tax-deductible donation for:

- \$1,000 \$500 \$250 \$100 Other \$ _____

Thank you for your support!



DMACC Foundation | 2006 S Ankeny Blvd Bldg 22 | Ankeny, IA 50023
foundation@dmacc.edu | 515-964-6229