



**FRIENDS OF CALVERT HOSPICE  
8<sup>TH</sup> ANNUAL  
ROBBIE MILES MEMORIAL  
5K FAMILY RUN/WALK  
SATURDAY, MAY 3, 2008  
TO BENEFIT BURNETT-CALVERT HOSPICE HOUSE**

~ Sponsorship Form ~

Please choose your sponsorship level

<input type="checkbox"/> <b>\$1,000.00 <i>SPRINTER</i></b> <ul style="list-style-type: none"> <li>▪ Name &amp; logo printed on back of race shirt*</li> <li>▪ 4 free registrations</li> <li>▪ Inclusion in event newspaper advertising</li> <li>▪ Recognition on Hospice website PLUS link to your website</li> <li>▪ Table at event post party for company marketing</li> <li>▪ Distribution of promotional materials in race bag</li> <li>▪ Sponsorship highlight in Hospice quarterly 'Beacon' Newsletter</li> </ul>	<input type="checkbox"/> <b>\$750.00 <i>JOGGER</i></b> <ul style="list-style-type: none"> <li>▪ Name &amp; logo printed on back of race shirt*</li> <li>▪ 2 free registrations</li> <li>▪ Recognition on Hospice website PLUS link to your website</li> <li>▪ Table at event post party for company marketing</li> <li>▪ Sponsorship highlight in Hospice quarterly 'Beacon' Newsletter</li> </ul>
<input type="checkbox"/> <b>\$500.00 <i>POWER WALKER</i></b> <ul style="list-style-type: none"> <li>▪ Name &amp; logo printed on back of race shirt*</li> <li>▪ Recognition on Hospice website PLUS link to your website</li> <li>▪ Table at event post party for company marketing</li> <li>▪ Sponsorship highlight in Hospice quarterly 'Beacon' Newsletter</li> </ul>	<input type="checkbox"/> <b>Under \$500.00 <i>STROLLER</i></b> <ul style="list-style-type: none"> <li>▪ Recognition on Hospice website</li> <li>▪ Special recognition at Door Prize Drawing</li> <li>▪ Sponsorship highlight in Hospice quarterly 'Beacon' Newsletter</li> </ul>

\*Sponsorship must be received by April 18, 2008. Email logo to [cmcfarland@calverthospice.org](mailto:cmcfarland@calverthospice.org)

Sponsor: \_\_\_\_\_

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

If your business is serving as a sponsor, please give us a contact name in case we need additional information.

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

My check for \$\_\_\_\_\_ is enclosed. Please make checks payable to Friends of Calvert Hospice.

Please charge my: Visa  MasterCard

Name on the Card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV #(last 3 digits in the signature area on back of card): \_\_\_\_\_

Mail to PO Box 665, Huntingtown, MD 20639 or fax to the Hospice Office 410-535-5677  
Attn: Claire McFarland