



BE A PART OF THE *cure*WALK

A Walk to Honor ALL Arkansas Cancer Patients

SPONSORSHIP PLEDGE FORM

SPONSORSHIP INFORMATION

Organization or Individual Name:

Preferred Name to Display on Promotional Materials:

Primary Contact Person:

Email:

Primary Phone Number:

Alternate Phone Number:

Mailing Address:

City:

State:

Zip Code:

Authorized Signature:

Date:

SPONSORSHIP LEVEL

Visionary (\$20,000+)

Ruby (\$5,000)

Sapphire (\$500)

Diamond (\$15,000)

Amber (\$2,500)

Rose Quartz (\$250)

Emerald (\$10,000)

Amethyst (\$1,000)

VENDOR TABLE

My organization is interested in hosting a Vendor Table on the War Memorial Stadium field during the event. Please send more details and the Vendor Table Registration Form to the information provided above.

My organization will forgo the opportunity to host a Vendor Table on the War Memorial Stadium field during the event.

INDIVIDUAL OR ORGANIZATION IMPACT STATEMENT

Please provide a brief statement of what *being a part of the cure* means to you or your organization. This can be a personal story, an inspirational message, or a quote representing the impact a cure means. Your message may be used for promotional media or event marketing, so dig deep and make it genuine and resonant for others facing struggles or celebrating victories!

www.BeAPartoftheCure.com

UAMS

Winthrop P. Rockefeller
Cancer Institute

PAGE 1



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PAYMENT INFORMATION

CHECK

Please remit payment with this form (both sides) to:

UAMS Foundation Fund
4301 W Markham Street
Slot # 623-2
Little Rock, AR 72205

In Memo Line of check: BAPOTC Walk

CREDIT CARD

Name (AS it Appears on Card): _____ CVV: _____

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Billing Zip Code: _____

CREDIT CARD BY PHONE

Upon receipt of this form, a member of the UAMS Foundation will call the number provided on reverse by credit card for enhanced security.

INVOICE

Please email an invoice to the email address provided on reverse.

Please mail an invoice via USPS to the mailing address provided on reverse.

Note: To ensure sponsorships are properly processed by the Foundation team, all sponsor benefits are swiftly provided to the fullest extent for each participating individual and organization, AND to avoid substantial card processing fees, sponsors are encouraged to refrain from completing sponsorship payments online. Thank you for your generosity and consideration.

SPONSOR COLLATERAL

Visionary, Diamond, Emerald, Ruby, and Amber sponsors should email preferred logos in .eps or .png format to WPRCI-SpecialEvents@uams.edu upon completion and submission of this form. The last days to submit logos are April 3, 2025 for t-shirts and April 17, 2025 for event signage, website, and jumbotron.

DONOR OPTIONS & DISCLOSURES

Please consider my gift anonymous (initial required below).

_____ I hereby forgo the marketing benefits entitled to myself or my organization at the declared sponsorship level.
Initial

I decline the registrations included with my sponsorship (initials required below).

_____ I hereby forgo the included registrations included at this sponsorship level.
Initial

Note: A receipt for this sponsorship will be provided, less the amount of the fair market value of the goods and services offered with each sponsorship. If you or your organization wish to decline the included registrations and/or tickets, the receipt will be for the full amount of the sponsorship. Proceeds benefit the Winthrop P. Rockefeller Cancer Institute at UAMS. The Foundation Fund is a sub-organization of the University of Arkansas Foundation, Inc., a 501(c)(3) nonprofit corporation. Tax ID 71-6056774.

*For questions about sponsorships and general Be A Part of the Cure Walk inquiries, contact the Winthrop P. Rockefeller Cancer Institute Special Events team
WPRCI-SpecialEvents@uams.edu | (501)-686-6113*