BE A PART OF THE cureWALK

A Walk to Honor ALL Arkansas Cancer Patients

	Visionary $20,000+	Diamond $15,000	Emerald $10,000	Onyx $7,500	Ruby $5,000	Amber $2,500	Amethyst $1,000	Sapphire $500	Rose Quartz $250
# of Registrations	20	15	12	10	8	6	5	4	2
Vendor Table	Premier Location	Featured Location	Supporting Location	Included	Included	Included	Included	Included	Included
Sponsor Page beapartofthecure.com	Premier Logo	Featured Logo	Logo	Logo	Logo	Logo	Logo	Name	Name
Event T-Shirt	Premier Logo	Featured Logo	Logo	Logo	Logo	Logo	Name	Name	Name
Printed Event Signage	Premier Logo	Featured Logo	Logo	Logo	Logo	Name	Name	Name	Name
Jumbotron at Event	Premier Logo	Featured Logo	Logo	Logo	Name	Name	Name	Name	Name
Social Media Post	4 Dedicated Post	3 Dedicated Post	2 Dedicated Post	1 Dedicated Post	Group Post	-	-	-	-
Multi-Media Marketing	Verbal & Logo	Verbal & Logo	Verbal	Verbal	-	-	-	-	-
Featured on Promotional Emails	Premier Logo	Featured Logo	Logo	-	-	-	-	-	-
Opening Remarks	Included	Included	-	-	-	-	-	-	-

PROCEEDS BENEFIT THE **WINTHROP P. ROCKEFELLER CANCER INSTITUTE** AT UAMS. THE UAMS FOUNDATION FUND IS A SUB-ORGANIZATION OF THE UNIVERSITY OF ARKANSAS FOUNDATION, INC., A 501(C)(3) NONPROFIT CORPORATION. TAX ID 71-6056774.

IN PLACE OF LOGO, INDIVIDUAL(S) OR ORGANIZATION NAME IN TEXT WILL BE INCLUDED. MULTI-MEDIA MARKETING INCLUDES PRINT AND DIGITAL MEDIA, PRESS RELEASES, AND MEDIA ALERTS WHENEVER POSSIBLE. DUE TO THE NATURE OF DIFFERENT MEDIA PLATFORMS, THIS BENEFIT IS SUBJECT TO CHANGE. ALL FORMS ARE LOCATED ONLINE AT BeAPartoftheCure.com.

IMPORTANT DATES

PLEASE SUBMIT SPONSORSHIP FORMS BY THE DATES BELOW FOR CERTAIN BENEFITS

THURSDAY, APRIL 1, 2027

- **SPONSORSHIP FORM** (AND LOGO, IF APPLICABLE) MUST BE SUBMITTED TO BE INCLUDED ON **T-SHIRTS**.
- **VENDOR FORM** (SEE SEPARATE FORM) MUST BE SUBMITTED TO RESERVE **VENDOR TABLE**.

THURSDAY, APRIL 15, 2027

- **SPONSORSHIP FORM** (AND LOGO, IF APPLICABLE) MUST BE SUBMITTED TO BE INCLUDED ON **EVENT SIGNAGE, WEBSITE, AND JUMBOTRON**.

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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+)
- ☐ Diamond ($15,000)
- ☐ Emerald ($10,000)
- ☐ Onyx ($7,500)
- ☐ Ruby ($5,000)
- ☐ Amber ($2,500)
- ☐ Amethyst ($1,000)
- ☐ Sapphire ($500)
- ☐ Rose Quartz ($250)

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!

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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): _____

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CVV: _____

Billing Zip Code: _____ Expiration Date: _____

☐ 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 day to submit logos is April 1, 2027, for t-shirts, and April 15, 2027, 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