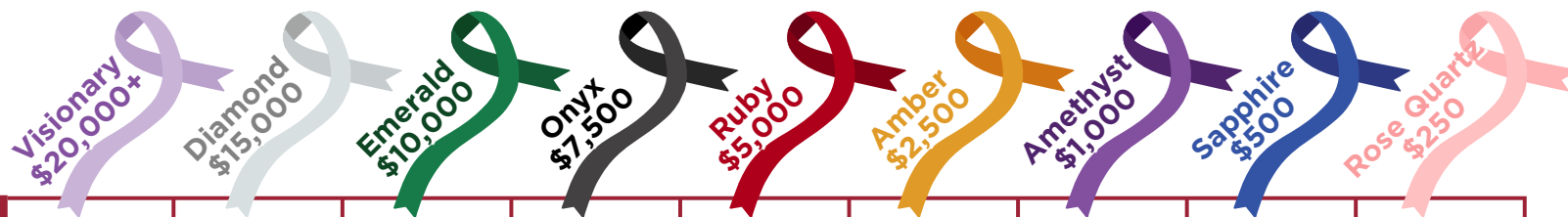




A Walk to Honor ALL Arkansas Cancer Patients



# 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**.





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+)

☐ Onyx (\$7,500)

☐ Amethyst (\$1,000)

☐ Diamond (\$15,000)

☐ Ruby (\$5,000)

☐ Sapphire (\$500)

☐ Emerald (\$10,000)

☐ Amber (\$2,500)

☐ 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!

www.BeAPartoftheCure.com

UAMS

Winthrop P. Rockefeller
Cancer Institute

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PAYMENT INFORMATION

SPONSOR COLLATERAL

DONOR OPTIONS & DISCLOSURES