



2017 Sponsor Application Form

(To secure your sponsorship please return this form along with your payment no later than **September 1st**)

Name: _____

Address: _____

Contact Name: _____

Phone: _____ Email: _____

Sponsorship Options (Please mark one)

- \$1 - \$99 Friends/Family
 - I do not wish to sponsor, but would like to make a donation of less than \$100.
 - Dollar amount I wish to donate: \$ _____
- Daisy 1 Level - \$100 - \$249
 - I wish to sponsor and will provide materials to go in the race day bag.
 - Dollar amount I wish to donate: \$ _____
- Daisy 2 Level - \$250 - \$499
 - I wish to sponsor and will provide materials to go in the race day bag and will receive recognition on race day signage.
 - Dollar amount I wish to donate: \$ _____
- Daisy 3 Level - \$500 - \$999
 - I wish to sponsor and will provide materials to go in the race day bag and will receive recognition on race day signage, race day announcements, and on the event t-shirt.
 - Dollar amount I wish to donate: \$ _____
- Daisy 4 Level - \$1000+
 - I wish to sponsor and will provide materials to go in the race day bag and will receive recognition on race day signage, race day announcements, on the event t-shirt, and on the website and social media posts.
 - Dollar amount I wish to donate: \$ _____

Please make checks payable to: **Lehan Drugs**

Credit cards are also accepted: ___ American Express ___ Discover ___ Visa ___ Mastercard

Card #: _____ Expiration: _____

Name on Card: _____ Signature: _____

Please send application forms to:

Lehan Drugs Daisy Dash
1407 S. 4th St. DeKalb, IL 60115
OR FAX TO: 815-758-2669

Your donation is tax deductible to the extent allowable by law. Please keep a copy of this for your records. Safe Passage will be receiving 100% of all proceeds this year.

