

# Power *of* Pink

Breast Cancer Walk



**Saturday, October 4**  
**Sponsorship Opportunities**

Deadline for Sponsorship Reservations and Guaranteed T-Shirts is Monday, September 15, 2025



**Mary Washington Hospital  
Foundation**



# Overview of Sponsorship Levels and Benefits

Sponsorship Levels	Title	Ultimate Pink	Pink Ribbon	Pink Pearls	Pink Mile	Pink Sneakers
<b>SPONSOR BENEFITS</b>						
Race Entries with T-Shirts	60	40	22	10	4	2
<b>PRE-EVENT RECOGNITION</b>						
Company logo on print advertisements	🎗️					
Company name included in press release	🎗️					
Sponsorship recognition in "save-the-date" email blast	🎗️					
Sponsor recognition on digital screens at Mary Washington Healthcare (MWHC), Mary Washington and Stafford Hospitals	🎗️					
Web presence on event page, company logo with link to company's profile	🎗️	🎗️	🎗️	🎗️	🎗️	Company name in text
Individual and shared posts on MWHC's social media channels	Individual and shared posts	Individual and shared posts	Shared posts	Shared posts	Shared posts	Shared posts
Promotional materials/items included in walk packets	🎗️	2 items max.	2 items max.	2 items max.	1 item max.	1 item max.
<b>DAY OF EVENT RECOGNITION</b>						
Recognition and opportunity to speak at kick-off of event	🎗️					
Company mascot and vehicle showcased at event	🎗️					
Table to showcase products and services	🎗️	🎗️	🎗️			
Company logo/name displayed on sponsor signage	🎗️	🎗️	🎗️	🎗️	🎗️	Company name in text
Company logo/name displayed on back of event t-shirt	🎗️	🎗️	🎗️	🎗️	🎗️	Company name in text
Recognition at awards ceremony	🎗️	🎗️	🎗️	🎗️	🎗️	🎗️
<b>POST-EVENT RECOGNITION</b>						
Company logo/name included in thank you email blast to walk participants	🎗️	🎗️	🎗️	🎗️	🎗️	Company name in text
Web presence on event page for remainder of year. Includes, logo with link to company's profile	🎗️	🎗️	🎗️			
<b>SPONSORSHIP INVESTMENT</b>						
	\$7,500 (Estimated donation amount: \$6,660)	\$5,000 (Estimated donation amount: \$4,520)	\$3,500 (Estimated donation amount: \$2,880)	\$1,500 (Estimated donation amount: \$1,360)	\$750 (Estimated donation amount: \$694)	\$500 (Estimated donation amount: \$472)

\*Please Note: Some benefits will be subject to print deadlines

**Deadline for Sponsorship Reservation: Monday, September 15, 2025**

**Deadline for Guaranteed T-Shirts: Monday, September 15, 2025**

**Questions:** Please call 540.741.1512 or Email: [Powerofpink@mwhc.com](mailto:Powerofpink@mwhc.com)

# Power of Pink

## Breast Cancer Walk

### Sponsorship Registration Form

Saturday, October 4 | Walk 2.2 Miles | Rain or Shine! | T-SHIRT DEADLINE: Monday, September 15

Register online at [PowerofPink.mwhc.com](http://PowerofPink.mwhc.com) or complete the form below.

Sponsorship Level	Fee	Race Entries and T-Shirts
<input type="checkbox"/> Title Sponsor	\$7,500	60
<input type="checkbox"/> Ultimate Pink Sponsor	\$5,000	40
<input type="checkbox"/> Pink Ribbon Sponsor	\$3,500	22
<input type="checkbox"/> Pink Pearls Sponsor	\$1,500	10
<input type="checkbox"/> Pink Mile Sponsor	\$750	4
<input type="checkbox"/> Pink Sneakers Sponsor	\$500	2

100% of proceeds benefit Mary Washington Hospital Foundation's Breast Cancer Fund. Our mission is to increase awareness of breast cancer, celebrate breast cancer survivors and raise money for breast cancer initiatives in our community.

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
*Please print as the company or individual should be named.* *This person will receive the sponsorship acknowledgment letter for tax purposes.*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

☐ I am unable to attend but would like to donate \$ \_\_\_\_\_ to the Mary Washington Hospital Foundation Breast Cancer Fund

### Payment Information

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express ☐ Check # \_\_\_\_\_

Credit card number: \_\_\_\_\_ Card expiration date: (MM) \_\_\_\_ / (YY) \_\_\_\_

CSC (Card Security Code): \_\_\_\_\_ (CSC is 3 digits on back of Visa, MasterCard, Discover, 4 digits on front of American Express)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please make check payable to:** MWH Foundation (Tax ID #: 52-1342371)

**Please return your completed form (and check, if applicable) to:** MWH Foundation  
1001 Sam Perry Blvd.  
Fredericksburg, VA 22401  
**Please reference Power of Pink on check.**

 **Mary Washington Hospital  
Foundation**

[PowerofPink.mwhc.com](http://PowerofPink.mwhc.com)

**Questions: Please call 540.741.1512 or  
email [PowerofPink@mwhc.com](mailto:PowerofPink@mwhc.com)**