

Sponsorship Proposal

YOUNG HEROES CAR-PARADE



SEPTEMBER 26, 2020

Nemours Alfred I. duPont
Hospital for Children

Sponsorship Proposal

YOUNG HEROES CAR-PARADE



All of our lives have been impacted with social distancing, whether it's working from home, homeschooling our children or celebrating holidays without all of our loved ones. We want to ensure the health and safety of our participants, and in doing so we will be converting the Young Heroes 5K Walk/Run and Kiddie K to a the Young Heroes Car-Parade!

The Young Heroes Car-Parade will raise funds for research and patient services at NCCBD at the Nemours/Alfred I. duPont Hospital for Children. The NCCBD offers patient- and family-centered pediatric oncology and hematology care that includes the full range of clinical and support services alongside internationally recognized research programs.

Last year the event had 600 participants and raised \$47,000. We anticipate significant growth in 2020. Jump in your car and head to Nemours on Sept 26th to join our parade around the campus. Take a moment to honk your horns for the children in the hospital and smile to all the superheroes that will be lining the route.

A generous outpouring from the community will make it all possible. We hope that you will consider partnering with Nemours.

#honkforyourhero

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PRESENTING SPONSOR | \$10,000

- Company displayed as the Presenting Sponsor on event material
- Logo recognition on event banner
- Logo recognition on event T-shirt
- Logo recognition on event website
- Opportunity to provide items for participant packets
- Ten complimentary registrations in the Young Heroes Car-Parade
- Recognition in Annual Report to donors
- Recognition on the donor wall at Nemours/Alfred I. duPont Hospital for Children
- Logo recognition on (3) route marker signs
- **Tax deductibility \$8,525**



PLATINUM SPONSOR | \$5,000

- Logo recognition on event day banner
- Logo recognition on event T-shirt
- Recognition on event website
- Opportunity to provide items for participant packets
- Eight complimentary registrations in the Young Heroes Car-Parade
- Logo recognition on (2) route marker signs
- **Tax deductibility \$4,445**

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GOLD SPONSOR | \$2,500

- Company name on event day banner
- Company recognition on event T-shirt
- Recognition on event website
- Opportunity to provide items for participant packets
- Five complimentary registrations in the Young Heroes Car-Parade
- Logo recognition on (2) route marker signs
- **Tax deductibility \$1,995**



SILVER SPONSOR | \$1,000

- Company name on event day banner
- Company recognition on event T-shirt
- Opportunity to provide items for participant packets
- Five complimentary registrations in the Young Heroes Car-Parade
- Logo recognition on (1) route marker sign
- **Tax deductibility \$635**



TEAM SPONSOR | \$750

- Secure registrations for 20 participants
- Name listed on event T-shirt
- Opportunity to provide items for participant packets
- **Tax deductibility \$400**

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BRONZE SPONSOR | \$500

- Company name on event day banner
- Company recognition on event T-shirt
- Two complimentary registrations in the Young Heroes Car-Parade
- Logo recognition on (1) route marker sign
- **Tax deductibility \$325**



T-SHIRT SPONSOR | \$250

- Name listed on event T-shirt
- **Tax deductibility \$200**



**WE HOPE YOU
CAN SUPPORT US
THIS THIS YEAR!**

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COMMITMENT FORM

☐ I am please to support the Young Heroes Car-Parade to benefit the Nemours Center for Cancer and Blood Disorders by partnering at the below level:

☐ PRESENTING
\$10,000

☐ PLATINUM
\$5,000

☐ GOLD
\$2,500

☐ SILVER
\$1,000

☐ TEAM
\$750

☐ BRONZE
\$500

☐ T-SHIRT
\$250

PARTNER INFORMATION

Company Name (as you would like to be recognized): _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

☐ Invoice company \$ _____

☐ Check (payable to Nemours) \$ _____

☐ Credit Card \$ _____

☐ Mastercard

☐ Visa

☐ AMEX

☐ Discover

Name (as it appears on card): _____

Address (associated with card): _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____ Exp Date: _____

Cardholder Signature: _____

PLEASE RETURN THIS FORM AND PAYMENT TO:

Nemours Fund for Children's Health

c/o Rose Bevilacqua

1600 Rockland Road

Wilmington, DE 19803

rose.bevilacqua@nemours.org | 302.651.4338



Alfred I. duPont
Hospital for Children