



**Annual Walk for St. Mary's Kids  
Sunday April 29<sup>th</sup>, 2018  
Crocheron Park, Bayside, New York**

**LEAD SPONSOR - \$10,000:**

- Lead Sponsor level name recognition on St. Mary's walk website, and event collateral
- Exhibit table on event day
- Name recognition in St. Mary's E-Newsletter
- Name recognition on the St. Mary's 2018 Donor Wall at St. Mary's Hospital for Children in Bayside
- Route Marker Signage
- Admission for 25 walkers

**HERO SPONSOR - \$5,000:**

- Hero Sponsor level name recognition on St. Mary's walk website
- Exhibit table on event day
- Name recognition in St. Mary's E-Newsletter
- Name recognition on the St. Mary's 2018 Donor Wall at St. Mary's Hospital for Children in Bayside
- Route Marker Signage
- Admission for 20 walkers

**ADVOCATE SPONSOR - \$2,500**

- Advocate Sponsor level name recognition on St. Mary's walk website
- Exhibit table on event day
- Name recognition in St. Mary's E-Newsletter
- Name recognition on the St. Mary's 2018 Donor Wall at St. Mary's Hospital for Children in Bayside
- Route Marker Signage
- Admission for 15 walkers

**CHAMPION SPONSOR - \$1,000:**

- Champion Sponsor level name recognition on St. Mary's walk website
- Exhibit table on event day
- Name recognition in St. Mary's E-Newsletter
- Route Marker Signage
- Admission for 10 walkers

**VICTORY SPONSOR - \$500:**

- Victory Sponsor level name recognition on St. Mary's walk website
- Exhibit table on event day
- Route Marker Signage
- Admission for 5 Walkers





**Yes, include me as a Sponsor of the 2018 Walk for St. Mary's Kids!**

- \$10,000      Lead Sponsor
- \$5,000        Hero Sponsor
- \$2,500        Advocate Sponsor
- \$1,000        Champion Sponsor
- \$500          Victory Sponsor

**Contact me; I'm interested in a Customized Package**

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**Organization Name:** \_\_\_\_\_

**Contact Name / Title:** \_\_\_\_\_

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

**City / State / Zip:** \_\_\_\_\_

**Phone / Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Payment:**

By Check (Payable to St. Mary's Healthcare System for Children)

Visa             MasterCard       American Express       Discover

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**Artwork:**

Send a quality, high resolution jpeg to: [vfalcone@stmaryskids.org](mailto:vfalcone@stmaryskids.org)

**Mail this form to:**

Ms. Victoria Falcone  
Manager of Strategic Partnerships  
St. Mary's Healthcare System for Children  
29-01 216<sup>th</sup> Street Bayside, NY 11360



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