



SPONSORSHIP AGREEMENT FORM

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____

EMAIL: _____

VALLEY OF SAVANNAH

SCOTTISH RITE

PRESENTS

**A WALK FOR
RITE CARE**

___ **Yes! I will be a sponsor for Walk for Rite Care**

___ **Gold Sponsor** **\$1,000.00**
Recognition as gold sponsor for 2021 Walk for Rite Care on sponsorship flyer, registration for a six person walking team and Name on Event Banner.

___ **Silver Sponsor** **\$500.00**
Recognition as silver sponsor for the 2021 Walk for Rite Care on sponsorship flyer, registration for a four person walking team and Name on Event Banner.

___ **Bronze Sponsor** **\$250.00**
Recognition as bronze sponsor for the 2021 Walk for Rite Care on sponsorship flyer, registration for a two person walking team and Name on Event Banner.

***If a sponsoring business would like to pass out Trick or Treat Candy along the Trail to show your support please check here, so that you may be contacted by Event Organizer Brandi Castano with details.



___ **I am unable to participate as a Sponsor however, I would like to support the Scottish Rite Valley of Savannah in the amount of _____.**

Signature _____
Sponsoring Representative Date

Please email logos to walkforritecare@gmail.com
Checks made payable to the Valley of Savannah Scottish Rite
And mailed to 3001 Chatham Center Drive Savannah GA 31405
Along with completed form.