

WALK-N-ROLL FOR SB®



SPINA BIFIDA ASSOCIATION
OF NORTH TEXAS



WALKNROLL FOR SBANT 2017 SPONSORSHIP PROPOSAL

Promoting the prevention of Spina Bifida and enhancing the lives of all affected.

BACKGROUND

ABOUT SBANT

For more than 43 years, the Spina Bifida Association of North Texas (SBANT) has dedicated itself to preventing Spina Bifida and enhancing the lives of all affected. Our goals are to provide education, support, and outreach to our Spina Bifida families and community members in North Texas and beyond.

The SBANT partners with national and local companies to further our mission and assist us in reaching those affected by Spina Bifida. Learn more about SBANT and Spina Bifida on our website: www.spinabifidant.org.

ABOUT WALK-N-ROLL

Walk-N-Roll for Spina Bifida® is a family-friendly half-mile walk and family picnic that raises critical funds, increases awareness of Spina Bifida, and celebrates the **more than 177,000 Americans living with Spina Bifida, including the more than 1300 families in North Texas**. All proceeds are used for programs and services for people with Spina Bifida and their families in the North Texas area.

Walk-N-Roll is a very meaningful and inspirational experience for everyone who participates. The event truly embodies a sense of inclusiveness and empowerment which the Spina Bifida community embraces in all that it does.

Last year, at the seventh annual SBANT Walk-N-Roll **over 600 people attended** to help us **raise over \$55,000** for local programs and services. We are grateful to our previous sponsors, including Burger's Lake, Grand Prairie Ford, C&R Medical, J&R Medical, Reyes Roofing, Southlake Medical, Lift-Aids, Harvest Dental, DFW Child, Strive Medical and Byram Healthcare.

This fall **with your support we aim to raise \$65,000 and celebrate with 800 individuals** and families at Burger's Lake in Fort Worth. Learn more about Walk-N-Roll for Spina Bifida on our website: www.spinabifidant.org/walknroll.

ABOUT SPONSORING

As a sponsor of WalkNRoll for SBANT, your company will benefit from a six month marketing program, providing continuous promotional opportunities through our recruitment, fundraising, event day, post events and social event marketing efforts. Your company will also benefit from local exposure at hospitals, community events such as SBANT Education Day and October SB Awareness events, chapter social events, and online.

OPPORTUNITIES

WalkNRoll for SBANT
SEPTEMBER 9, 2017
BURGER'S LAKE, FT. WORTH, TX

PRESENTING SPONSOR

\$5,000

PLATINUM SPONSOR

\$2,500

GOLD SPONSOR

\$1,000

SILVER SPONSOR

\$500

EXHIBITOR

\$350



SPONSOR BENEFITS

	PRESENTING \$5,000	PLATINUM \$2,500	GOLD \$1,000	SILVER \$500	EXHIBITOR \$350
Pre-Walk Benefits					
Event Naming Rights	"Presented By"				
Included in Press Releases	✓	1			
Exclusive Position Logo/Link on WalkNRoll Home Page	✓	✓			
Walk Postcards	✓				
Walk-N-Roll Website & SBANT Website	"Presented By" Logo & Link	Logo/Link	Logo	Name	
ENewsletter & Social Media	"Presented By"	Logo/Link	Logo	Name	
Local Event Posters	"Presented By" Logo & Link	Logo/Link	Logo	Name	
Walk Day Benefits					
Tent, Table, 2 Chairs, Event Tshirts	✓	✓	✓	✓	✓
Speaking Opportunity	✓				
Logo on T-Shirt	"Presented By" Logo & Link	Logo/Link	Logo	Logo	
Event Program & Signage	"Presented By" & Logo	Logo	Logo	Logo	Name
Post-Walk Benefits					
Newsletter & Recognition	Ad/Logo/Link	Logo/Link	Logo	Logo	Name
Booth at Education Day	✓	✓	✓		
Booth at Holiday Party	✓	✓			

COMMITMENT FORM

YOUR INFORMATION

DONOR/COMPANY NAME: _____
(as you prefer to be listed)

CONTACT NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____ FAX: _____

YES, my company would like to walk as a team at the event! Send me team information!

SPONSORSHIP LEVEL

Presenting \$5,000

Platinum \$2,500

Gold \$1,000

Silver \$500

Exhibitor

Commitments Deadlines for inclusion:
Register Today Postcards— July 1st
T-shirts — August 15th

Please Send This Form & Payment to:
SBANT
801 Ave H East Suite 101
Arlington, TX 76011

Contact: Robin Lee
Phone: 214-728-9294
Email: rlee@spinabifidant.org

Checks preferred

In Kind Donation: _____

METHOD OF PAYMENT

Check/Money Order Payable to Spina Bifida Association (Preferred)

Visa MasterCard AMEX Discover

Card Number: _____ Expiration: _____ Code: _____

Signature: _____