



# PAINT THE PARKWAY PINK

## VIRTUAL FUN RUN OR WALK FOR ADULTS & KIDS

**SATURDAY • OCTOBER 24 • 2020**



presented by

**Let's keep our PAINT THE PARKWAY PINK tradition of running or walking a 5K to celebrate Breast Cancer Awareness month!!**

### SPONSORSHIP LEVELS

**Inspirational Level Sponsor \$1,000**

- Logo or name featured in San Antonio Business Journal and on social media event promotions
- Logo or name on Race T-shirts
- Logo or name on Paint the Parkway Pink Website
- Opportunity to provide promotional materials in race packet

**Kindness Level Sponsor \$500**

- Logo or name featured on social media event promotions
- Logo or name on Race T-Shirts
- Logo or name on Paint the Parkway Pink Website
- Opportunity to provide promotional materials in race packet

**Neighbor Level Sponsor \$250**

- Logo or name on Race T-Shirts
- Logo or name on Paint the Parkway Pink Website
- Opportunity to provide promotional materials in race packet

**Individual Participant \$30**

### PAINT THE PARKWAY PINK VIRTUAL FUN RUN or WALK

**Saturday, October 24th, 2020**

The 8th annual Paint the Parkway Pink Fun Run and Walk will be a virtual event this year during the pandemic for safety. Participants can run or walk between 1 mile and 5K at their own pace and time. **Just sign up and get moving!**

#### REGISTRATION

Online Registration will be available at [painttheparkwaypink.com](http://painttheparkwaypink.com)

#### RACE REGISTRANTS WILL RECEIVE:

- Official entry for the Fun Run/Walk
- Official 2020 Paint the Parkway Pink T-SHIRT
- Paint the Parkway Pink FINISHER'S MEDAL
- Participant SWAG BAG

**SPONSORSHIP DEADLINE: OCTOBER 16, 2020**

Secure your sponsorship with Erin Ercoline by EMAIL or PHONE:  
**EMAIL: [erin.ercoline@thrivewell.org](mailto:erin.ercoline@thrivewell.org) • PHONE: (210) 593-5949**

Sponsor Name \_\_\_\_\_

PLEASE PRINT YOUR NAME ABOVE, AS YOU WISH IT TO APPEAR IN THE PRINTED MATERIALS (if allowed)

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

#### PAYMENT INFORMATION

**Total amount of contribution: \$ \_\_\_\_\_**

**CHECK** enclosed payable to: **ThriveWell Cancer Foundation**

**CREDIT CARD** Please charge to my:  MasterCard  VISA  American Express  Discover

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

