

The 11th Annual “Hear We Go!”

5K AND FAMILY FUN DAY
Sunday, May 5, 2019



LOCATION

Nemours Estate
1600 Rockland Road
Wilmington, DE 19803

SCHEDULE

9 a.m. Exhibit tent opens
On-site registration

10 a.m. Race starts

This year marks the 11th anniversary of the *Hear We Go 5K and Family Fun Day*. The event will take place on Sunday, May 5, 2019, on the beautiful grounds of the Nemours Estate, adjacent to the Nemours/Alfred I. duPont Hospital for Children. The event includes a 5K, fun family activities, live entertainment, refreshments and an educational fair.

I hope you will consider supporting the Nemours/duPont Hospital for Children by sponsoring the *Hear We Go 5K and Family Fun Day*. Proceeds will benefit clinical and research programs and services at Nemours/Alfred I. duPont Hospital for Children related to hearing loss and hearing conservation in children in our community.



Financial and other information about the Nemours Foundation's purpose, programs and activities can be obtained by writing us at Nemours Fund for Children's Health, Shands House, 1600 Rockland Road, Wilmington, DE 19803, calling toll-free at (888) 494-5251, or emailing giving@nemours.org, or for residents of the following states, as stated below. Florida: SC No. 19215. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, WITHIN THE STATE, 1-800-HELPFLA OR VIA THE INTERNET AT <http://www.FloridaConsumerHelp.com>. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Maryland: For the cost of postage and copying, from the Secretary of State. Michigan: MICS No. 48783 Mississippi: The official registration and financial information of the Nemours Foundation may be obtained from the Mississippi Secretary of State's office by calling 1-888-236-6167. New Jersey: INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE OF CONTRIBUTIONS RECEIVED BY THE CHARITY DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING (973) 504-6215 AND IS AVAILABLE ON THE INTERNET AT <http://www.state.nj.us/lps/ca/charfrm.htm>. North Carolina: Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 1-888-830-4989 (within North Carolina) or (919) 807-2214 (outside of North Carolina). Pennsylvania: The official registration and financial information of the Nemours Foundation may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Virginia: From the State Office of Consumer Affairs in the Department of Agriculture and Consumer Affairs, P.O. Box 1163, Richmond, VA 23218. Washington: From the Secretary of State at 1-800-332-4483. West Virginia: West Virginia residents may obtain a summary of the registration and financial documents from the Secretary of State, State Capitol, Charleston, WV 25305. CONTRIBUTIONS ARE DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES IN ACCORDANCE WITH APPLICABLE LAW. REGISTRATION IN A STATE DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION OF THE NEMOURS FOUNDATION BY THE STATE.

New York: Upon request, from the Attorney General Charities Bureau, 120 Broadway, New York, NY 10271

If you have any questions regarding sponsorship opportunities, please contact Grace Carr, (302) 651-4392 or grace.carr@nemours.org

Nemours Alfred I. duPont
Hospital for Children

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SPONSORSHIP OPPORTUNITIES

Presenting Sponsor – \$5,000

- Company displayed as the presenting sponsor on event material
- Display/information table next to registration table
- Logo recognition on event banner
- Logo recognition on event T-shirt
- Logo recognition on event website
- Two mile marker signs
- 10 complimentary registrations in the *Hear We Go 5K and Family Fun Day*
- **Tax deductibility \$3,525**

Platinum Sponsor – \$2,500

- Logo recognition on event day banner
- Display/information table at event
- Logo recognition on event T-shirt
- Recognition on event website
- One mile marker sign
- Eight complimentary registrations in the *Hear We Go 5K and Family Fun Day*
- **Tax deductibility \$1,945**

Gold Sponsor – \$1,000

- Company name on event day banner
- Display/information table at event
- Company recognition on event T-shirt
- Recognition on event website
- One mile marker sign
- Five complimentary registrations in the *Hear We Go 5K and Family Fun Day*
- **Tax deductibility \$495**

Silver Sponsor – \$750

- Company name on event day banner
- Company recognition on event T-shirt
- Recognition on event website
- Five complimentary registrations in the *Hear We Go 5K and Family Fun Day*
- **Tax deductibility \$385**

Bronze Sponsor – \$500

- Company name on event day banner
- Company recognition on event T-shirt
- Recognition on event website
- Two complimentary registrations in the *Hear We Go 5K and Family Fun Day*
- **Tax deductibility \$325**

OTHER SPONSORSHIP OPPORTUNITIES

Water Stop Sponsor – \$500

- Signage at water stop tent
- Name listed on event T-shirt
- Name listed on event website
- **Tax deductibility \$400**

T-Shirt Sponsor – \$250

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

Mile Marker Sponsor – \$150

- Logo recognition at one mile marker
- **Tax deductibility \$125**

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Reserve your place as a sponsor today. Kindly return this form by clicking “submit registration” below, or by mail or email.

I am pleased to support the event with a sponsorship:

\$5,000 | Presenting Sponsor

\$2,500 | Platinum Sponsor

\$1,000 | Gold Sponsor

\$750 | Silver Sponsor

\$500 | Bronze Sponsor

\$500 | Water Stop Sponsor

\$250 | T-Shirt Sponsor

\$150 | Mile Marker Sponsor

I am unable to attend but wish to contribute

\$_____ in support of

Hear We Go 5K and Family Fun Day.

SPONSOR INFORMATION

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

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PAYMENT OPTIONS

Invoice my 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: _____ Date: _____

Submit EPS logo (if applicable) by April 15, 2019, to:

Melissa Stone

Phone: (302) 651-6555

Email: melissa.stone@nemours.org

To pay by check, please complete the form and mail payment to:

Nemours Fund for Children's Health

Attn: Grace Carr

1600 Rockland Road, Wilmington, DE 19803

SUBMIT REGISTRATION

Nemours Alfred I. duPont
Hospital for Children