

## Sponsorship Agreement Form

**Yes**, my company will be an event sponsor at the following level:

Platinum \$ 2,000  
Silver \$500

Gold \$1,000  
Vendor Space \$250

Would you like to have a vendor table at the race (*included in Silver, Gold and Platinum Sponsorships*)?

☐

Yes

☐

No

In-Kind Items Donation – List the item(s) with total retail value: \_\_\_\_\_

Race Packet Item (500 pieces needed by September 1, 2021): \_\_\_\_\_

Company Name\* \_\_\_\_\_

*\*Note: List your company name as you would like it to appear for all recognition.*

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Please invoice: \_\_\_\_\_

Check Enclosed\*      Number: \_\_\_\_\_      Amount: \_\_\_\_\_

*\*Make checks payable to The Corvallis Clinic Foundation*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**We appreciate your sponsorship and look forward to your participation in this event!**

Mail, fax, or email completed form to:

Administrative Assistant  
The Corvallis Clinic Foundation  
444 NW Elks Dr.  
Corvallis, OR 97330  
Fax: 541-753-1847 | Email: [Ask.Administration@corvallis-clinic.com](mailto:Ask.Administration@corvallis-clinic.com)

Email company logo to: [Wade.Mitchell@corvallis-clinic.com](mailto:Wade.Mitchell@corvallis-clinic.com)

