

SATURDAY  
April 5, 2025

# Spring 5k FEVER

Stafford Hospital



## Sponsorship Opportunities

Deadline for Sponsorship  
Reservations and Guaranteed T-Shirts is  
Monday, March 17, 2025



Stafford Hospital  
Foundation



TOUR  
STAFFORD  
Virginia

# Overview of Sponsorship Benefits

Sponsor Benefits	Sunshine	Butterfly	Daffodil	Rainbow	Ladybug	Friend
Race entries with shirts	44	26	16	10	4	2
<b>PRE-EVENT RECOGNITION</b>						
Company name included in press release	■					
Company name included in email blasts promoting race	■					
Web presence on event page with company logo/name and link to company's profile	■	■	■	■	■	Company Name
Sponsor recognition on internal digital screens throughout Mary Washington Healthcare, Mary Washington Hospital, and Stafford Hospital	■					
Company logo on race announcement post cards	■					
Individual/group posts on social media channels including logo with link to company's profile	Individual and group posts	Individual and group posts	Group posts	Group posts	Group posts	Group posts
Promotional materials/items included in race packets	■	3 items max.	3 items max.	2 items max.	1 item max.	1 item max.
<b>DAY OF RECOGNITION</b>						
Sponsor recognition and opportunity to speak at kick-off at event	■					
Company logo/name displayed on sponsor signage*	■	■	■	■	■	Company Name
Company logo/name displayed on back of event t-shirt*	■	■	■	■	■	Company Name
Table to showcase products and services	■	■	■			
Company mascot and vehicle showcased at event	■					
Company logo on bibs and finish line break tape	■					
Recognition at awards ceremony	■	■	■	■	■	■
<b>POST-EVENT RECOGNITION</b>						
Company logo/name included in thank you email blast to race participants	■	■	■	■	■	Company Name
Company name mentioned in press release announcing top 3 overall winners	■	■				
Web presence on event page for remainder of year including logo/name with link to company's profile	■	■	■	■	Company Name	Company Name
<b>SPONSORSHIP INVESTMENT</b>	<b>\$7,500</b> (Estimated donation amount: \$6,829)	<b>\$5,000</b> (Estimated donation amount: \$4,604)	<b>\$3,500</b> (Estimated donation amount: \$3,256)	<b>\$2,500</b> (Estimated donation amount: \$2,348)	<b>\$1,500</b> (Estimated donation amount: \$1,439)	<b>\$1,000</b> (Estimated donation amount: \$970)

Please Note: Some benefits will be subject to print deadlines

\*Size of company logo will be determined by Sponsorship Level

**Deadline for Sponsorship Reservation: Monday, March 17, 2025**

**Deadline for Guaranteed T-Shirts: Monday, March 17, 2025**

**Questions:** Please call 540.741.1512 or email: [SpringFever@mwhc.com](mailto:SpringFever@mwhc.com)



Stafford Hospital

# Sponsorship Registration

**April 5, 2025**

**At Stafford Medical Pavilion**

(on campus of Stafford Hospital)

**T-SHIRT DEADLINE:** Monday, March 17, 2025

Register online at [SpringFever.mwhc.com](http://SpringFever.mwhc.com) or complete the form below.

Sponsorship Levels	Fee	Race Entries
<input type="checkbox"/> Sunshine Title Sponsorship	\$7,500	44
<input type="checkbox"/> Butterfly Sponsorship	\$5,000	26
<input type="checkbox"/> Daffodil Sponsorship	\$3,500	16
<input type="checkbox"/> Rainbow Sponsorship	\$2,500	10
<input type="checkbox"/> Ladybug Sponsorship	\$1,500	4
<input type="checkbox"/> Friend	\$1,000	2

Company: \_\_\_\_\_

*Please print as the company or individual should be named.*

Contact name: \_\_\_\_\_

*This person will receive the sponsorship acknowledgment letter for tax purposes.*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Email: \_\_\_\_\_

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

### Payment Information (check one)

Visa  MasterCard  Discover  American Express  Check# \_\_\_\_\_

Credit card number: \_\_\_\_\_

Card expiration date: (MM)\_\_\_\_/(YY)\_\_\_\_ CSC (Card Security Code): \_\_\_\_\_

*(CSC is 3 digits on back of Visa, MasterCard, Discover; 4 digits on front of American Express)*

I am unable to sponsor or attend the event, but enclosed is a donation of \$\_\_\_\_\_.

**Please make checks payable to: Stafford Hospital Foundation (Tax ID: 64-0963570)**

**Write "Spring Fever 5K" on the reference line.**

**Please return your completed form (and check, if applicable) to:**

Stafford Hospital Foundation, 1001 Sam Perry Blvd., Fredericksburg, VA 22401

Phone: 540.741.1512 Email: [SpringFever@mwhc.com](mailto:SpringFever@mwhc.com)



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