**SICKLE CELL ANEMIA FOUNDATION OF OREGON**

**4566 NE 87thAvenue**

**Portland OR 97220 **

**503.249.1366** [**www.sicklecelloregon.org**](http://www.sicklecelloregon.org)

# **ANNUAL SICKLE CELL WALK-A-THON SPONSOR REGISTRATION FORM**

**DATE: SEPTEMBER 10TH 2022** **TIME: 9:00 am - 1:00 pm Registration Time: 8:00-9:00 am**

**Place: Life Change Church Location: 3635 N. Williams Ave Portland OR 97227**

ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY/STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST BELOW AS YOU WISH IT TO APPEAR IN THE PROGRAM AND ON THE TABLE TOP

**SPONSORSHIP LEVEL**

GOLD SPONSOR $10,000

SJILVER SPONSOR $5,000

BRONZE SPONSOR $3500

FRIENDSHIP SPONSOR $ 500

OTHER $ \_\_\_\_

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**PAYMENT OPTIONS:**

Enclosed is my check made payable to Sickle Cell Anemia Foundation of Oregon, Inc (SCAFO) in the amount of

$  Please charge my Credit/Debit Card in the amount of $

**CREDIT/DEBIT CARD NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed form and check to:**

Sickle Cell Anemia Foundation of Oregon, Inc.

PO Box 11506 Portland, OR Portland OR 97211

**The Sickle Cell Anemia Foundation of Oregon, Inc.**

Marcia Taylor, Executive Director

4566 NE 87th Avenue

Portland, OR 97220

 Ph. 503-249-1366

**SICKLE CELL ANEMIA FOUNDATION WALKATHON SPONSORSHIP PACKET INFO**

**GOLD SPONSORSHIP**

Presenting Sponsor - **$10,000**

 Recognition during radio & television broadcasts

 Logo on walkathon banner

 Logo on SCAFO website

 Sponsor may distribute product & promotional materials at the provided booth at walk

 Sponsorship recognition at walk ceremony

 Special Sickle Cell Lapel Pin

**SILVER SPONSORSHIP**

Contributing Sponsor **- $5,000**

 Logo on promotional walk posters

 Logo on SCAFO website

 Media Recognition

 Sponsorship recognition at walk ceremony

 **BRONZE SPONSORSHIP**

Partnering Sponsor - **$2,500**

 Logo on promotional walk flyers

 Media Recognition

Sponsorship recognition at walk ceremony

**FRIENDSHIP SPONSOR**

Partnering - **$500**

 Logo on flyers

**Sickle Cell Anemia Foundation of Oregon, Inc.**

**Marcia Taylor, Executive Director**

**4566 NE 87th Avenue**

**Portland, OR 97220**

**Ph. 503-249-1366**

**VENDOR BOOTH APPLICATION FEE: $15**

Please complete the form below and:

1. Email a copy to SCAFO at marcia@sicklecelloregon.org
2. Mail or drop in person, with payment to: SCAFO P.O. 11506, Portland, OR 97211

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

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select your desired sponsorship:

Gold Sponsorship: ( ) $10,000

Silver Sponsorship ( ) $ 5,000

Bronze Sponsorship ( ) $ 2,500

Friendship Sponsorship ( ) $ 500

**Be sure to give a full description of your business, product/service you will be promoting:**

Do you have any give aways? Y

What are you providing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitting a Door Prize? Y

Please be sure to attach a business card to the prize.

**FOR THOSE APPLYING FOR VENDOR SPACE:**

Please indicate your method of payment.

 **Payment: Cash \_\_\_\_ Visa Card \_\_ Master Card \_\_**

No:

:

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

**Join us as a new sponsor!**

**Team up with us in the fight against sickle cell disease. Help save a life!**

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**SICKLE CELL WALKATHON EVENT SCHEDULE**

8:00 Registration/Refreshments

8:15 Welcome/Opening Remarks by Director and Special Recognitions

8:30 Jazzercise and stretches

9:00 Runners and Bikers take off

9:05 Walk begins with mascots and/or drummer

1:00 Drawings and door prizes, music

 Exhibitors tear down

