



<b>Shriners Children's™ Portland Walk for LOVE — Boo at the Zoo October 21, 2023</b>  <b>Sponsorship Opportunities</b>	<b>King of the Jungle \$10,000</b>	<b>Rhino \$5,000</b>	<b>Jaguar \$2,500</b>	<b>Chimp \$1,500</b>
Billed as <i>Shriners Children's Portland Walk for LOVE</i> Presenting Sponsor on all marketing and fundraising materials				
Premiere logo placement on event landing page				
Co-written and branded Press Release before event				
Dedicated posts on our social media platforms: Facebook, Instagram, Twitter and LinkedIn (9k followers)	3			
Inclusion in the Facebook Live kick-off event				
Include complany produced 30-second promotional video on event website				
Brand recognition on hospital signage, including banner and digital signage				
Brand recognition on event website	LOGO & NAME	LOGO & NAME	NAME	NAME
Brand recognition on our social media platforms: Facebook, Instagram, Twitter and LinkedIn (9k followers)				
National recognition throughout October as part of <i>31 Days to Amaze</i> — our annual corporate engagement initiative				
Inclusion in all hospital newsletters reaching staff, donors, fraternal members and patient ambassadors (6k audience)				
Complimentary event registration	15	10	5	2



**Deadline: September 29, 2023**

**Yes!** Please accept my commitment for one of the following levels:

- ☐ **King of the Jungle** | \$10,000    ☐ **Jaguar** | \$2,500  
☐ **Rhino** | \$5,000    ☐ **Chimp** | \$1,500

☐ *I cannot attend but wish  
to make a tax-deductible  
contribution in the amount of:*

### Contact Information:

Name (as it should appear on printed materials) \_\_\_\_\_

Corporate Contact \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

☐ Yes – I would like to also include 325 branded items to be given to all participants

### Payment Information:

☐ A check made payable to Shriners Hospitals for Children — Portland is enclosed.  
Include in memo "Walk for LOVE — Boo at the Zoo".

☐ Please use the following Credit Card Information

Name (printed as it appears on card) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Checks should be made payable to Shriners Hospitals for  
Children — Portland and returned with this form to:*

**Shriners Hospitals for Children — Portland**  
**ATTN: Gage Josi**  
**3101 SW Sam Jackson Park Road**  
**Portland, OR 97239**



*Please email your Sponsor  
logo as a JPEG, PNG or AI TO:*

**Lynda Luce**  
**Development Officer II**  
**lluce@shrinenet.org**