

TRAIL OF HOPE

5K, 1 mile & Tot Trot

Saturday, November 11, 2017
Skidaway Island State Park

COVENANT CARE ADOPTIONS

SPONSORSHIP OPPORTUNITIES

Elite Level – \$2,500+

Our caseworkers travel to meet a birthmother where she is, rather than requiring her to come to us. A sponsorship gift at this level underwrites three months of travel for our caseworker based in Savannah.

- Logo on race shirts
- 6 complimentary race entries.
- Set up a display table at the event and submit promotional materials for the race bag.
- Company mentioned from the stage.
- Display company banner at the race.

Sprinter Level – \$1,000+

We want those who need our services to be able to find and connect with us easily. A gift of \$1,000 provides three months of advertising to birthmothers in Coastal Georgia, encouraging them to choose life.

- Logo on race shirts
- 4 complimentary race entries.
- Set up a display table at the event and submit promotional materials for the race bag.
- Company mentioned from the stage.

Strider Level – \$500+

Some of the women we serve require a special level of attention and care. A sponsorship gift of \$500 enables us to provide a professional counselor for a birthmother with serious concerns.

- Logo on race shirts
- 2 complimentary race entries.
- Submit promotional materials for the race bag.

Jogger Level – \$250+

Our interim care families welcome infants into their homes for a week or two at a time. A gift of \$250 offsets the cost of caring for newborn babies while they wait on permanent adoption placement.

- Name (no logo) on race shirts.

Other Donations Are Welcomed

I cannot sponsor at this time, but I am enclosing a gift of \$_____ to support adoption.

Thank you for helping us change lives through adoption!

SPONSOR'S NAME (exactly how it should be listed on shirts, unless logo will be used)

ADDRESS

CITY, STATE, ZIPCODE

CONTACT PERSON & PHONE NUMBER

E-MAIL ADDRESS

CHECK ALL THAT APPLY:

- Please use my logo (according to your sponsor level). I should e-mail my logo to office@covenantcareadoptions.com by Friday, September 30th.
- I will submit promotional materials for the race bags (according to your sponsor level).
- I will set up a display table at the race (according to your sponsor level).
- This gift is in _____ honor of; _____ memory of: *(Check one)*

If giving in honor / memory, we can send an acknowledgment of your gift to the person you specify:

Name _____

Address _____

City, ST ZIP _____

DONATION METHOD:

Please return this form with your donation. To ensure recognition on race shirts, please reply no later than **Friday, September 29th**.

- My gift is enclosed. Checks should be payable to Covenant Care Services.
- Please bill my credit card for \$_____.

____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

CARD NO. _____

EXPIRATION _____ SECURITY CODE _____

NAME ON CARD _____

SIGNATURE _____ DATE _____

IF GIVING BY CREDIT CARD YOU MAY FAX TO OUR STATE ADMINISTRATIVE OFFICE AT 478-475-0367

Covenant Care Services | 3950 Ridge Ave. | Macon, GA 31210 | P: 478-475-4990 | F: 478-475-0367 | www.CovenantCareAdoptions.com

Pregnancy Counseling • Interim Care • Adoption Services • Abortion Alternatives