



**RED SHOE RUN**  
***for Donor Awareness***

**Intent to**

**Sponsor**

**Form**

**Company Name:** \_\_\_\_\_  
(As it should appear on promotional material)

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Please indicate your level of support for the 15<sup>th</sup> Annual Red Shoe Run/Walk for Donor Awareness 2018. For information regarding sponsorship levels & deadlines, please refer to the sponsorship descriptions.

**The company will sponsor at \_\_\_\_\_ Level and \$ \_\_\_\_\_**

Please make your tax-deductable contribution today. FEIN: 36-2334632

**Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail or fax commitment to:**  
Rock River Valley Blood Center  
Attn: Red Shoe Run for Donor Awareness  
P.O. Box 4305, Rockford, IL 61110  
Phone: 1-815-965-8751 Fax: 1-815-961-2345

Upon receipt of sponsorship commitment form by the Rock River Valley Blood Center Red Shoe Run for Donor Awareness, instructions for submission of logo and a benefit confirmation will be forwarded to the contact listed on this document. **Please note that we will need a print ready logo in a Vector-based format.**





