

The Franklin VNA and Hospice's 2nd Annual 5K Run/Walk

- Saturday April 26, 2025
- Location: Paul Smith Elementary School
- Address: 41 Daniel Webster Dr. Franklin, NH
- Race Start: 9:00am (Rain or Shine)
- 👟 Awards: 10:15am

All proceeds will benefit the Franklin VNA and Hospice, and will help cover costs incurred related to medications, durable medical equipment, and the under or non-insured. We would like to offer you the opportunity to pledge your support as a sponsor on one of the various sponsorship levels we are offering. All contributions are tax deductible. Our Tax ID is: 02-0228247.

Our team of nurses, physical and occupational therapists, home health aides, homemakers, social workers, and entire staff strives to make a positive impact upon the lives of people in the communities we serve and to improve quality of life for all that we serve. Thank you for your support!

Premier Sponsor	Opportunity to speak at the race. Acknowledgement at the Race Name and logo used in all event promotions. Large Logo on the race T-Shirts. Table/Booth space available at the race. Name and logo on website/social media. Free entry fees for 5 participants	\$2000
Diamond Sponsor	Acknowledgement at the race. Name and logo used in all event promotions. Medium Logo on the race T-Shirts. Table/Booth space available at the race. Name and logo on website/social media. Free entry fees for 3 participants	\$1000
Gold Sponsor	Acknowledgement at the race. Name and logo used in all event promotions. Medium Logo on the race T-Shirts. Name and logo on website/social media. Free entry fees for 2 participants	\$750
Silver Sponsor	Name and logo used in all event promotions. Small Logo on the race T-Shirts. Name and logo on website/social media.	\$500
Bronze Sponsor Small Logo on the race T-Shirts. Name and logo on website/social media.		\$250

Should you have any questions, please contact Ryan Howe at (603) 934-3454 or rhowe@franklinvna.org

75 Chestnut Street Franklin, NH 03235 www.FranklinVNA.org



Phone: 603.934.3454 Fax: 603.934.2222 E-mail: info@FranklinVNA.org

Sponse	orship	Form
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Company Name:					
Contact Name:					
Address:					
City:	_ State: 2	Zip:			
Phone: (Work)	(Cell)				
Email:					
Sponsorship Level: (Please Check one)					
Premier - Diamond - Gold - Silver - Bronze -	\$1,000 \$750 \$500				
Signature:		Date:			
Payment					
Check made payable to Franklin VNA and Hospice is enclosed.					
Please charge my credit card: \$					
Credit card type:	Exp Date:				
Credit card number:					
Name on card:					
Billing address on card:					
Card Holder Signature:					
****Please email rhowe@franklinvn	a.org a copy of your logo for so	that we may promote your organization ****			