



GOING THE EXTRA MILE

5K RUN & WALK 2026 SPONSORSHIP LEVELS AND BENEFITS

	Associate Sponsor \$1,000	Corporate Sponsor \$2,500	Executive Registration Sponsor \$3,500	Presenting Sponsor \$5,000
RACE WEBSITE Listing on race website	✓	✓	✓	✓
EXHIBIT SPACE Receive exhibit space on event day	✓	✓	✓	Featured
COURSE SIGNAGE Sponsor logos featured on course signage	✓	✓	✓	Featured
RACE ENTRIES Complimentary entries to either the 5k Run or 1-Mile Fun Walk	2	4	6	10
RACE REGISTRATION Sponsor logo on signage at registration		✓	✓	✓
PRESS Sponsor name on any related press releases or media alerts that may be issued			✓	Featured
EARLY REGISTRATION Opportunity to host Race Packet Pick-Up Station at company's location on June 8th			✓	✓

SPONSORSHIP REQUIREMENTS AND DEADLINES

- Sponsors must be confirmed by **April 23** for inclusion on race t-shirts.
- Sponsors must be confirmed by **May 12** for inclusion on course signage.
- Sponsorships cannot be processed until a signed form or payment is received.



PROCEEDS BENEFIT

Virtua's Perinatal Bereavement and Palliative Care Program



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RACE DETAILS

Sunday, June 14, 2026

Schedule:

7:30 am: Registration Opens
8:00 am: Opening Ceremony
8:30 am: 5k Run & 1-Mile Fun Walk

Location:

Virtua Voorhees Hospital
100 Bowman Drive
Voorhees, NJ 08043

SPONSORSHIP REGISTRATION FORM

Thank you for your support of the Run with the Docs 5k. Please check the level of sponsorship, number of race entries or contribution level you wish to purchase below (see reverse side for full sponsorship package details).

- ASSOCIATE SPONSOR \$1,000
CORPORATE SPONSOR \$2,500
EXECUTIVE REGISTRATION SPONSOR \$3,500
PRESENTING SPONSOR \$5,000
OTHER CONTRIBUTION \$_____

SPONSORING ORGANIZATION OR INDIVIDUAL:

(The sponsorship will be recognized using this name on all materials.)

COMPANY WEBSITE: _____

CONTACT NAME: _____

PHONE: _____

ADDRESS: _____

PAYMENT INFORMATION

- Check is enclosed (Please send check payable to "Virtua Health Foundation")*
Check will arrive under separate cover
Credit Card (Visa, MasterCard, American Express, Discover)

CARDHOLDER NAME: _____

SIGNATURE: _____

CARD #: _____

SEC. CODE: _____ EXP. DATE: _____

ADDITIONAL RACE ENTRIES

- 5K RUN ENTRIES= _____ x \$35 \$_____
1-MILE FUN WALK ENTRIES= _____ x \$25 \$_____

TOTAL \$_____

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PHONE: 856-355-0830 FAX: 856-355-0831

EMAIL: gratitude@virtua.org

WEB: RunWithTheDocs.org

*Mail completed forms with payment to: Virtua Health Foundation, P.O. Box 70260, Philadelphia, PA 19176-9703