

HOSPICE MINISTRIES, INC. PRESENTS



**SATURDAY**  
**APRIL 29, 2017**

REGISTER AT [WWW.RACEROSTER.COM](http://WWW.RACEROSTER.COM) | \$25

**STARTS AT 8AM**

450 TOWNE CENTER BLVD., RIDGELAND

**Sponsorship Levels:**

\$1,000 **Platinum Sponsor** - Name on Banner/ Signage along the race route/Option to set up table and tent/ Logo on Event Shirt/Preregister up to 10 participants

\$500 **Gold** - Signage at mile 1/Signage at Half-way Mark/Logo on Event Shirt/ Preregister up to 5 participants

\$250 **Silver** -Signage at mile 2/Logo on Event Shirt/ Preregister up to 2 participants

For more information, please call: 601-259-3783

Sponsor Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Level of Sponsorship:    Platinum             Gold             Silver             Indiv. Memorial Sponsor

Payment Method (all gifts are tax-deductible; Tax ID # is **640789919**):

\_\_\_\_\_ Check enclosed, payable to **Hospice Ministries, Inc.**

\_\_\_\_\_ Please send invoice to address above

\_\_\_\_\_ Please charge credit card:

Credit Card Type: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail payment and form to:

Hospice Ministries

Attn: Virginia Van Landingham

450 Towne Center Blvd., Ridgeland, MS 39157,

Please email a high-resolution version of your corporate logo in black to Marla Baker at [mbaker@hospiceministries.org](mailto:mbaker@hospiceministries.org)

For more information, please call 601-259-3783.

[www.raceroster.com](http://www.raceroster.com)

