

# Sponsorship Information



## *Marketing & Sponsorship Facts*

ACR Health Newsletter:  
Circulation 6,500

ACR Website:  
41,000+ Visitors  
64% are 18-44  
60% are women

Social Media:  
7,000+ followers

## *Sponsorship Contact:*

Katherine Lowe, Director  
Development & Community  
Engagement  
(315) 898-2462  
klowe@acrhealth.org

## *Organization Overview*

For the past 40 years, ACR Health has been on the front line of the HIV/AIDS epidemic. Since our inception, we have expanded our services and are dedicated to dismantling barriers to health and equity serving over 13,000 people annually.

When someone in our community needs help, we do whatever we can to ensure that they receive the services they need without judgement. We need your help to support these life-affirming services.

Please join us as a sponsor of ACR Health's Annual AIDS Walk/Run or Kids Fun Run. While this is one of our biggest fundraising events, it also brings the community together to raise awareness and to act in the fight against HIV/AIDS. All proceeds from this event will benefit ACR Health and stay in our local service area.

## *Event Overview*

On Sunday, June 2, 2024, the 32 Annual 5K AIDS Walk/Run and Kids 1K Fun Run will take place at Willow Bay in Onondaga Lake Park, Liverpool, NY.

The Kids Fun Run is designed to engage children ages 4 – 12 in physical activity while learning the importance of giving back to their community and supporting a good cause. The 1K course is tailored specifically for young participants. After the Fun Run, kids can go to the Fun Run Activity Area for fun activities and healthy snacks!

**This marks the first year at our new location where leashed pets are also welcome.**

# Sponsorship Information



|  | <b>\$10,000<br/>Presenting<br/>Sponsor<br/>(1 available)</b> | <b>\$5,000<br/>Kids Fun Run/<br/>Activity<br/>Sponsor<br/>(1 remaining)</b> | <b>\$2,500<br/>Hero<br/>(2 available)</b> | <b>\$1,500<br/>Champion<br/>(5 available)</b> | <b>\$500<br/>Advocate<br/>(4 remaining)</b> |
|--|--|---|---|---|---|
| Recognition as presenting sponsor in all promotional materials   | .  | .   |   |   |   |
| Company logo featured on 5K course signage   | .  | .   |   |   |   |
| Listed as a sponsor in all pre-and post-event communications (including press releases, ACR Health webpage and newsletter, CNY Business Journal print and web ads, paid social media campaign, and more)<br><b>Commitment must be made before April 25, 2024</b> | .  | .   | .   | .   |   |
| Company recognition in on paid social media campaign   | .  | .   | .   | Included in combined sponsor posts            |   |
| Recognition as Corporate Partner (including corporate logo with live link on ACR Health website)   | .  | .   | .   | .   |   |
| Opportunity to address attendees on event day  | .  | .   |   |   |   |
| Company logo on race t-shirt   | .  | .   | .   | .   | .   |
| Company logo on Racer Bibs   | .  | .   |   |   |   |
| Company logo on Mile Markers   | 3  | 3   | 2   | 2   | 1   |
| Signage at Start Line/Finish   |  |   | .   | .   |   |
| Recognition during opening and closing ceremony on race day  | .  | .   |   |   |   |
| Complimentary T-Shirt with Race Entries  | .  | .   | .   | .   | .   |
| Opportunity to distribute promotional items at the race  | .  | .   | .   | .   |   |
| Complimentary Red Ribbon in the Memorial Garden  | .  | .   | .   | .   |   |
| Complimentary race entries   | 8  | 8   | 6   | 4   | 2   |
| Complimentary Tickets to July Day at the Ball Park Event   | 8  | 8   | 6   | 4   |   |

# Sponsorship Reservation Form



Organization Name: \_\_\_\_\_

Contact, Title: \_\_\_\_\_

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

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

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

Levels of Sponsorship (please check one):

- Presenting \$10,000
- Kids Fun Run/Activity Tent \$5,000
- Hero \$2,500
- Champion \$1,500
- Advocate \$500

I am not able to partner with ACR Health at this time, but I would like to:

**Be A Friend, with a \$100 donation** for a red ribbon in the Memorial Garden

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

- Please invoice me.
- Enclosed is my check, *payable to ACR Health*
- Please charge my:      VISA / MC / DISC / AMEX

Card #: \_\_\_\_\_ CVV#: \_\_\_\_\_ Exp.: \_\_\_\_\_

Signature (required): \_\_\_\_\_

Please make checks payable to ACR Health. Return Sponsorship Reservation Form and payment by April 25, 2024 to:  
Katherine Lowe | ACR Health | 627 W. Genesee Street | Syracuse, NY 13204 | or email to: [klowe@acrhealth.org](mailto:klowe@acrhealth.org)