



**Racing Hearts Day**  
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772 Milkweed Ct  
Neenah, WI 54956  
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## 2021 SPONSORSHIP RESERVATION FORM

### Sponsor Contact Information:

Please reserve the following sponsorship for myself / my company.

COMPANY/DONOR NAME – FOR ADVERTISING: (As it should appear in print)

CONTACT NAME:

ADDRESS:

TITLE:

CITY:

STATE:

ZIP:

EMAIL: (This is how we will send your receipt. Please print clearly)

PHONE:

### Sponsorship Information:

**SELECT SPONSORSHIP LEVEL(S):** \*If you desire sole sponsorship of an area/event please return this form ASAP. Sole sponsorships will be granted on a first come/first serve basis. Tiers indicate the price difference between sole or shared sponsorship. **Note in payment info area if you wish to be only sponsor.**

☐ Tier 1 BRONZE: \$150

☐ Music Sponsor : \$500

☐ Tier 2 SILVER: \$250

☐ Concession Sponsor: \$250

☐ Tier 3 GOLD: \$500

☐ Medals : \$250

☐ Tier 4 D.A.S.H: \$1000

SIGNATURE:

DATE:

### Payment Information:

Payment is due at time of registration.

☐ Check enclosed payable to Racing Hearts Day

☐ Donate via credit card

Check # \_\_\_\_\_

☐ MasterCard ☐ Visa ☐ Discover

Also accepting Venmo: Racing Hearts Day  
Dysautonomia Awareness or pay via our website  
<http://www.racingheartsdays.org>

Card number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security code: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

\*Please email logo info asap: runforpots@hotmail.com

SIGNATURE:

DATE:

Please return this form and payment to:

**Racing Hearts Day**  
Attn: Koreen Koehler  
772 Milkweed Ct  
Neenah, WI 54956

[runforpots@hotmail.com](mailto:runforpots@hotmail.com)

<https://www.aurorahealthcarefoundation.org/events/racinghearts>

Racing Hearts Day is the [not-for-profit 501(c)3] hosting this event to directly aid the research project of local Dysautonomia Specialists ( Dr. Rose Dotson, and NP Katie Henke, and NP Todd Stanley. All donations are tax-deductible to the full extent of the law. For information regarding your donation and/or sponsorship, please contact your tax consultant.