



Walk a Mile in Her Shoes®

Saturday, April 27, 2019

Fern Sharp, Awareness and Resource Coordinator

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Help Us Continue the Fight against Abuse

Sponsorship Guide

For more information please call (519) 271-5310 x122 or visit us online at optimismplace.com

❖ Premier Sponsor: \$5,000 (1 available)

- Branded as *Premier Sponsor* of Optimism Place Women's Shelter and Support Services Walk a Mile in Her Shoes in all forms of advertising, verbal recognition, event materials and post-event recaps
- Corporate logo on signage at event.
- Corporate logo on Optimism Place website with a link to your Corporate homepage.
- Verbal recognition in broadcast media.
- Verbal recognition on the day of the event.
- Recognition in the Walk a Mile in Her Shoes newsletter.
- Remarks during event program, opportunity to lead the walk

❖ Stiletto Sponsor: \$3,000 (1 available)

Branded as *Lead Sponsor* of Optimism Place Women's Shelter and Support Services Walk-A-Mile in Her Shoes in all forms of advertising, verbal recognition, event materials and post-event recaps

- Merchant Banner
- Corporate banner space provided (sponsor provides banner)
- Recognition on day of event in materials and program
- Business name and logo included on event Facebook page
- Special shout-out during event program

❖ Sandal Sponsors: \$1,000 (2 available)

- Logo and business name included on event Facebook page and poster
- Merchant Banner
- Recognition on day of event in materials and program
- Logo on Poster

❖ Pump Sponsors: \$500 (3 available)

- Business name included on event Facebook page and poster

Event Information for 2019

Walkers - 100

Attendance - 300

Marketing – Radio 90 - commercials, newspaper – 20 ads, 15 Community calendars, face book & twitter. Posters - 100, postcards - 500

Please make checks payable to the:
Optimism Place Women's Shelter and Support Services
270 Freeland Dr.,
Stratford, ON
N4Z 1G8

Thank you for participating!

Agrees to sponsor Optimism Place Women's Shelter and Support Services Walk-A-Mile in Her Shoes® at the \$_____ level.

Authorized Representative Signature/Title Name of Business

Date Phone Cell Email

Address City PR PC

Printed Name of Authorized Representative

Signature of Authorized Representative

When Completed Please Return this form to Fern Sharp – OP fundaware@optimismplace.com or Home fern@wightman.ca