

# SPONSORSHIP OPPORTUNITIES

\$25,000    \$10,000    \$5,000    \$2,500    \$1,000    \$500

Sponsorship Benefits	Presenting	Champion	Partner	Advocate	Friend	Supporter
<b>Pre-Event Recognition</b>						
Category Exclusivity: Official Event Name ("Sponsor Name" Presents the Imagine Walk)	•					
Social Media Promotions (Facebook, Twitter, Instagram)	•	•				
Website Presence (Logo linked to company website for 1 Year)	•					
Website Presence Logo size and position based on level	•	•	•	•	•	
Email Blasts ≈ 9,000 recipients per email	•	•	•	•	•	
Logo on Walk Brochure ≈ 8,500 recipients	•	•	•	•		
Logo on Save The Date (Sponsor must commit preprint)	•					
<b>On-Site Recognition</b>						
20x20 Tent at Event	•					
Preferred banner placement	•					
10x10 Tent at Event		•				
Sponsor name on one of the following areas: Registration, Arts & Crafts, Bounce House, Food Tent	•	•				
VIP Speaking Opportunity on Main Stage	•					
Company/Organization Lead the Walk	•					
Company Lunch and Learn led by The Autism Project "Autism in the Workplace"	•	•	•			
Right to distribute material and products (note: free no selling of product)	•	•	•			
On-Site Tee Sign	•	•	•	•	•	
Table and designated area at the Imagine Walk	•	•	•			
Logo on Front of Walk T-Shirt	•					
Logo on Back of Walk T-Shirt	•	•	•	•	•	•
<b>Post Event Recognition</b>						
Thank You Email Blasts ≈ 9,000 recipients per email	•	•	•	•	•	•
Social Media Thank You (Facebook, Twitter, Instagram)	•	•	•	•	•	•
Website Thank You	•	•	•	•	•	•

# SPONSORSHIP PLEDGE FORM

WE ARE PLEASED TO SPONSOR AS A (CIRCLE ONE):

<b>\$25,000</b>	<b>\$10,000</b>	<b>\$5,000</b>	<b>\$2,500</b>	<b>\$1,000</b>	<b>\$500</b>
Presenting	Champion	Partner	Advocate	Friend	Supporter

We cannot sponsor the event but would like to donate \$ \_\_\_\_\_

## PAYMENT

Please bill my: Visa Master Card Discover Card

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ CVN: \_\_\_\_

Check enclosed in the amount of \$ \_\_\_\_\_

## SPONSOR INFORMATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Please mail to:  
The Autism Project  
1516 Atwood Avenue  
Johnston, RI 02919

Please email camera-ready logo in a Vector format to: [Kristen.Steiner@lifespan.org](mailto:Kristen.Steiner@lifespan.org)