

Presenting sponsor



2025

DONOR  
NETWORK WEST  
FOUNDATION  
RUN / WALK  
— 5k —

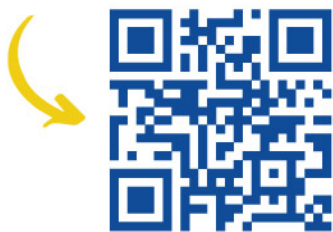
## STRIDE FOR HOPE



Join us for our annual Stride for Hope Run/ Walk Presented by Donor Network West Foundation. Celebrating our **15th year** in San Ramon, and our **2nd year** in Fresno. This event celebrates the incredible gift of life through organ, eye, and tissue donation. Together, we honor and celebrate donors and recipients, while raising awareness and inspiring hope with every stride!

**Saturday, September 13th**

San Ramon, CA



**Saturday, September 20th**

Fresno, CA



SPONSORSHIP OPPORTUNITIES	LEGACY PARTNER \$10,000	HOPE PARTNER \$7,500	STRIDE PARTNER \$5,000	HEALING PARTNER \$2,500
Logo placement on race tshirt, sponsorship banner and race website	Premium	Prominent	Placement	Company Name
Complimentary race registrations	25	20	15	10
One booth on race day (10x10)	✓	✓	✓	✓
Mentions on Donor Network West social media channels (@MyDNWest) & email communications	✓	✓	✓	✓
Option to include information or promotional item in participant bags	✓	✓	✓	
Opportunity to speak at event	✓			

\*Pricing and benefits reflect sponsorship for one of the Run/Walk locations.

Donor Network West Foundation: 12667 Alcosta Blvd. Ste 500 San Ramon, CA 94583  
foundation@dnwest.org | 510.999.0179 | DonorNetworkWest.org/Foundation | EIN #: 92-3408704

5K.DNWEST.ORG



Company/Organization: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Media Handles: \_\_\_\_\_

### Yes, I want to be a proud sponsor.

Please make your selection.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>San Ramon</b>               | <input type="checkbox"/> <b>Fresno</b>                  | <input type="checkbox"/> <b>BOTH<br/>San Ramon &amp; Fresno</b> |
| <input type="checkbox"/> <b>Legacy Partner \$10,000</b> | <input type="checkbox"/> <b>Hope Partner \$7,500</b>    |   |
| <input type="checkbox"/> <b>Stride Partner \$5,000</b>  | <input type="checkbox"/> <b>Healing Partner \$2,500</b> |   |

### Method of Payment

- ☐ Check enclosed      ☐ Please send me an invoice



*Presenting sponsor*



Please make check payable to **Donor Network West Foundation** and write your sponsorship type and designation in the memo line. Return completed form and check to **12667 Alcosta Blvd., Suite 500, San Ramon, CA 94583**  
**foundation@dnwest.org | 510.999.0179 | DonorNetworkWest.org/Foundation | EIN #: 92-3408704**