

WALK-N-ROLL FOR SB



SPINA BIFIDA
ASSOCIATION
OF NORTH TEXAS

WALK-N-ROLL FOR SBANT 2023 SATURDAY SEPTEMBER 9, 2023 SPONSORSHIP PROPOSAL



Building a better and brighter future for all those impacted by Spina Bifida.

WALK-N-ROLL

ABOUT SBANT

For more than 50 years, the Spina Bifida Association of North Texas (SBANT) has dedicated itself to providing programs and services for individuals with Spina Bifida across the vast North Texas region and beyond, extending as far as East, South and West Texas. Our goals are to provide education, support, programs and outreach to our Spina Bifida families and adults living with Spina Bifida. The SBANT partners with national and local companies to further our mission and assist us in reaching those affected by Spina Bifida. Learn more about SBANT and Spina Bifida on our website: www.spinabifidant.org.

WHAT IS WALK-N-ROLL FOR SBANT?

Grounded in over a decade of this family-friendly event held each year at Burger's Lake, Walk-N-Roll is the Spina Bifida Association of North Texas' largest annual fundraising event. A fundraiser and a "friendraiser," the event connects new friends and old and delivers important information through our on-site resource fair.

Walk-N-Roll for Spina Bifida® is a family-friendly half-mile walk and family picnic that raises funds to support our mission and programs in the areas of education, advocacy, care and support.

HOW DOES THIS EVENT WORK?

Participants register and fundraise any dollar amount in support of SBANT's mission of building a better and brighter future for all those impacted by Spina Bifida. On event day, participants join in a family-friendly, noncompetitive, half-mile walk/roll and participate in our fun-filled, carnival-like atmosphere and resource fair.

WHO DOES MY MESSAGE REACH?

Sponsor benefits target the entire SBANT community, including participants in the event, donors, family members, our entire constituent database and community members.

ABOUT SPONSORING

As a sponsor of Walk-N-Roll for SBANT, your company will benefit from a four month marketing program, providing continuous promotional opportunities through our recruitment, fundraising, event day, post events and social event marketing efforts. Your company will also benefit from local exposure at hospitals, community events such as SBANT Education Day and October SB Awareness events, chapter social events, and online.

www.walknrollforsbant.org

PARTNER PERKS

	PRESENTING \$5,000	PLATINUM \$2,500	GOLD \$1,000	SILVER \$750	NONPROFIT FREE
Pre-Walk Benefits					
Event Naming Rights	"Presented By"				
Included in Press Releases	✓	1			
Pre-event emails	"Presented By" and Logo	Logo/Link	Logo/Link	Logo	Logo
Walk Postcards	✓				
Walk-N-Roll Website & SBANT Website	"Presented By" Logo & Link	Logo/Link	Logo 75%	Logo 50%	Logo 50%
ENewsletter & Social Media	"Presented By"	Logo/Link	Logo	Name	Name
Lead Collection (Participants opt-in to share their information during registration)	✓	✓	✓		
Walk Day Benefits					
Tent, Table, 2 Chairs, Event Tshirts	✓	✓	✓	✓	✓
Logo on T-Shirt	"Presented By" Logo & Link	Logo/Link	Logo 75%	Logo 50%	Logo 50%
Event Program & Signage	"Presented By" & Logo	Logo	Logo 75%	Logo 50%	Logo 50%
Post-Walk Benefits					
Newsletter & Recognition	Ad/Logo/Link	Logo/Link	Logo	Name	Name
Booth at Education Day	✓	✓	✓		
Booth at Holiday Party	✓	✓			

COMMITMENT FORM

YOUR INFORMATION

DONOR/COMPANY NAME: _____
(as you prefer to be listed)

CONTACT NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____ FAX: _____

YES, my company would like to walk as a team at the event! Send me team information!

SPONSORSHIP LEVEL

Presenting \$5,000

Platinum \$2,500

Gold \$1,000

Silver \$750

Non-Profit

Commitments Deadlines for inclusion:
Register Today Postcard—July 1st
T-shirts — August 15th

Please Send This Form & Payment to:
SBANT
801 Ave H East Suite 101
Arlington, TX 76011

Contact: Robin Lee
Phone: 214-728-9294
Email: rlee@spinabifidant.org

Checks preferred. If online payment,
covering transaction fees is appreciated!

In Kind Donation: _____

METHOD OF PAYMENT

Check/Money Order Payable to Spina Bifida Association (Preferred)

Visa MasterCard AMEX Discover

Card Number: _____ Expiration: _____ Code: _____

Signature: _____