



**2018 Community Caring Center's
Annual 1 Hunger Walk/Run**



SPONSOR COMMITMENT FORM

Yes, I want to help feed the hungry in our community and am happy to support the Community Caring Center of Greater Boynton Beach, Inc. I have indicated my sponsorship level below:

- | | | |
|--------------------------|-------------------------|-----------------|
| <input type="checkbox"/> | MARATHONER | \$ 5,000 |
| <input type="checkbox"/> | SPRINTER | \$ 2,500 |
| <input type="checkbox"/> | PACESETTER | \$ 1,000 |
| <input type="checkbox"/> | JOGGER | \$ 500 |
| <input type="checkbox"/> | MILE MARKER | \$ 150 |
| <input type="checkbox"/> | HEALTHY STARTER | \$ 250 |
| <input type="checkbox"/> | VENDOR | \$ 100 |
| <input type="checkbox"/> | SPONSOR A RUNNER | \$ 35 |

Your Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

- Check enclosed payable to Community Caring Center of Greater Boynton Beach, Inc.
- Check to be mailed payable to Community Caring Center of Greater Boynton Beach, Inc.
P.O Box 100, Boynton Beach, FL. 33435
- Credit Card Visa M/C Amex
_____ Exp. _____

Security Code _____

PLEASE ATTACH YOUR BUSINESS CARD TO THIS FORM.

If you have any questions, please call our Event Chair, Doreen Robinson - 561-374-8536 or
doreen.robinson1007@aol.com



**THANK YOU FOR SUPPORTING THE COMMUNITY CARING CENTER
and our mission to address the hunger issue in our community!**