



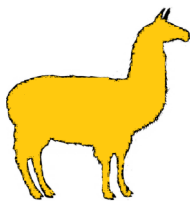
Race for **RECOVERY** Walk for **AWARENESS**



SPONSORSHIP COMMITMENT FORM

We would like to support mental health in our community with the following sponsorship. Please mark your choice:

Mama Llama



\$2,500

\$250 Ki-Llama-ter

Papa Llama



\$1,000

\$100 Lil' Llama

Baby Llama



\$500

\$75 Table Llama

Payment Information

Please Invoice Me Check Enclosed for \$ _____ Payable to NAMI SWI

Contact Information

Name/Contact _____

Company Name _____

Address _____ City _____ State _____ Zip _____

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Please print how you would like your company name to be listed on printed materials:

Please mail or email form to:

NAMI SWI, Gateway Regional Medical Center
2100 Madison Ave., 4th Floor
Granite City, IL 62040
Email: jessicagruneich@namiswi.org

If your sponsorship includes a logo, once we receive your form, we will contact you with logo needs.

Can't sponsor, but want to form a team/help promote the Race/Walk? Call or email Tai Prohaska at 618-803-8807, t.prohaska@allsupinc.com