



National
Kidney
Foundation®
of Illinois

Team Kidney®

SPONSORSHIP BENEFITS

MAR. 22, 2020 | SHAMROCK SHUFFLE
APR. 23-25, 2020 | ILLINOIS MARATHON
MAY 17, 2020 | CHICAGO SPRING HALF & 10K
OCT. 11, 2020 | CHICAGO MARATHON
OCT. 18, 2020 | NAPERVILLE HALF & 5K

[NKFI.ORG/TEAM-KIDNEY](https://nkfi.org/team-kidney)

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Shamrock Shuffle 8K - March 22, 2020 - Chicago, IL

Illinois Marathon, Half, 10K & 5K - April 23-25, 2020 - Champaign, IL

Byline Bank Chicago Spring Half & 10K - May 17, 2020 - Chicago, IL

Bank of America Chicago Marathon - October 11, 2020 - Chicago, IL

Naperville Half Marathon & 5K - October 18, 2020 - Naperville, IL

Team Kidney is an endurance program that the NKFI offers to raise money for free health screenings, community programming, and cutting-edge research. Serious and casual runners enjoy taking the fight to the finish line.

	Gold Medal \$2,500	Silver Medal \$1,000	Bronze Medal \$750	Partner \$500
Recognition on all NKFI event promotional materials	√	√	√	
Logo with link on pre-event promotional emails	√	√	√	
Sign placement at the NKFI pre and post-race parties	√	√		
Logo with link on NKFI website	√	√		
Logo on official Team Kidney t-shirts	√	√		
Opportunity to distribute promotional materials to Team Kidney participants	√			
Promoted on NKFI social media platforms	√			
Opportunity to bring sign to NKFI pre and post-race parties			√	√
Name with link on pre-event promotional emails				√
Name with link on NKFI website				√

Supporter \$200

- Name with link on NKFI website

Team Kidney Sponsorship Commitment Form

Please choose your desired sponsorship level

- Gold Medal (\$2,500)
- Silver Medal (\$1,000)
- Bronze Medal (\$750)
- Partner (\$500)
- Supporter (\$200)

Please choose the race(s) you wish to sponsor

- Shamrock Shuffle
- Illinois Marathon
- Chicago Spring Half & 10k
- Chicago Marathon
- Naperville Half Marathon & 5k

Company (as it should appear on print materials) _____

Contact Name and Title _____

Address _____

Phone _____ Email _____

Enclosed is a check (payable to NKFI) in the amount of \$ _____

Please invoice me in the amount of \$ _____

Please charge \$_____ to my Visa MC Discover American Express

Card Number _____ Exp. Date _____

Name on Card _____ CVV Code _____

Signature _____ Date _____

**Please return this form to Steve Jastrow (sjastrow@nkfi.org)
or Abby Slade (aslade@nkfi.org).**

Dates and locations of programs and events subject to change. Inclusion on any print materials is dependent on individual event deadlines. If your organization requires approval of logo/name usage on materials, please include those procedures with your commitment form. All sponsorship opportunities are customizable. Please contact the National Kidney Foundation of Illinois for more information.