



BENEFITTING THE
LIFE-SAVING
MISSION OF



SATURDAY OCTOBER 3, 2020 | HARRISBURG CITY ISLAND



Thank you for your sponsorship and
thank you for all you do for Life!

Please complete and return this form
to Morning Star by **September 4**.

Corporate logos must be
submitted in PDF format to
htritt@supportmorningstar.com by
September 4. Logos will be printed
in one color on the back of the event
t-shirts.

Marketing materials must be mailed or
dropped off to:

Morning Star Pregnancy Services
3835 Walnut Street
Harrisburg, PA 17109

by **September 4**. Please confirm
office hours prior to delivery.

Legacy and Champion Sponsors:

Please call 717-920-0411 for your free
run registrations.

Questions? Please contact
Steph Diecidue at 717-920-0411 or
sdiecidue@supportmorningstar.com

*In the event that our run/walk goes
virtual due to COVID-19 restrictions,
event shirts with sponsor logos and
event bags will be available to
registered participants at our office for
pickup. Sponsors will still receive
website and social media recognition.*

Morning Star Pregnancy Services is a
tax exempt organization recognized by
the Internal Revenue Service under
section 501(c)(3) of the Internal
Revenue Code. All contributions to
Morning Star Pregnancy Services are
tax deductible.

Name of Sponsoring Business, Organization or Individual: _____

Address: _____

Contact Person: _____ Phone Number: _____

Contact Email: _____

Sponsorship Level (Please Mark):

___ \$10,000 LEGACY ___ \$5,000 CHAMPION ___ \$2,500 DEFENDER

___ \$1,000 SUPPORTER ___ \$500 FRIEND

Sponsor Name, as you would like it to appear on promotional materials: _____

___ Yes ___ No I give consent to be listed on all web and social media
acknowledgements, as it coincides with my Sponsorship Level.

___ Yes ___ No I will mail or drop off promotional materials for the event bags to
Morning Star's Administration office. (Legacy, Champion and Defender Sponsors)

___ Yes ___ No As a sponsor, I will pick up my free event t-shirt at Morning Star's
Administration office or at the event. (Please confirm office hours prior to pick up.)

Please indicate size: MENS: ___ XS ___ S ___ M ___ L ___ XL ___ XXL

WOMENS: ___ XS ___ S ___ M ___ L ___ XL ___ XXL

___ Yes ___ No Please provide me with posters/brochures for display at my place of
business to help Morning Star promote this event.

___ Yes ___ No Please email me with Shooting Star 5k Run and Walk for Life
promotional materials to forward to customers, employees, friends and family.

Payment Options (Please Mark):

___ A check has been enclosed, made payable to Morning Star Pregnancy Services.

___ Payment made online at www.SupportMorningStar.com

___ Other (please call 717-920-0411)