



Sponsorship Opportunities

Folks on Spokes Ride | Step Forward Memorial Walk
 Sunday, September 15, 2019

Charity ride and walk along the beautiful Southern Connecticut Shoreline

<i>Sponsor Benefits</i>	Platinum \$5,000	Gold \$2,500	Silver \$1,500	Bronze \$1,000	Rest Stop \$500	T-shirt \$250
PRE-EVENT RECOGNITION						
Recognition on event website and social media	✓	✓	✓	✓	✓	
Logo and link on event website	✓	✓	✓	✓		
Link on event website					✓	
Mention in event press release	✓	✓				
EVENT DAY RECOGNITION						
Business logo on event t-shirt	✓	✓	✓			
Business name listed on event t-shirt (size and placement relative to level)				✓	✓	✓
Business name on sponsor banner	✓	✓	✓	✓	✓	✓
Signage at rest stop					✓	
Verbal recognition during event	✓	✓	✓	✓	✓	✓
POST –EVENT RECOGNITION						
Mention in post event press release	✓	✓				

Proceeds help Bridges provide mental health, addiction and primary healthcare services.

Bridges is a 501 (c) 3 organization. FIN 06-0867978.

Your donation is tax deductible to the fullest extent permitted by law.



941-949 Bridgeport Avenue | Milford, CT 06460

Phone: 203.878.6365

www.bridgesct.org | facebook.com/BridgesConnecticut

twitter.com/Bridges_CT/



With your support, Bridges helps thousands achieve better health and recovery.

Founded in 1957, Bridges provides a comprehensive range of outpatient mental health, addiction, primary care, community support, prevention and intensive home-based services for children, adults and families in Milford, Orange, West Haven, and their surrounding communities. Since its inception, Bridges quality programs and services have helped individuals and families move toward recovery.

To become a sponsor please complete the form and return to Bridges' Development Office, 949 Bridgeport Ave., Milford, CT 06460 or visit www.bridgesct.org/sponsors

Thank you!



***YES, sign us up as a 2019
Folks on Spokes /Step Forward Memorial Walk Sponsor!***

Business Name _____

Contact Name _____

Title _____

Address _____

Phone _____ Email _____

\$5,000 _____ \$2,500 _____ \$1,500 _____ \$1,000 _____ \$500 _____ \$250 _____

My check is enclosed _____ Send an invoice _____ Bill my credit card* _____

Credit Card # _____ Exp. Date _____ CSC _____

*Please ensure correct credit card billing name and address on this form.