

P.O. Box 6 Huntertown, IN 46748 Phone: (260) 710-0113

Email: walktorememberfw@hotmail.com **Website:** walktorememberfw.org

June 5, 2018

Dear Sir or Madame:

Nearly 1 in 4 pregnancies end in loss. In Indiana, 600 babies a year die before their first birthday. There are very few resources and little support for these families. Many of our area hospitals do not have the resources needed to care for these families, nor do they have the necessary supplies to assist the families in coping with their devastating loss. **Walk to Remember, Inc.** strives to assist area hospitals with these necessary supplies. Supplies such as folders that contain information with resources to assist families in their time of grief; memory boxes for families to keep mementos of their child; cameras for the hospitals to capture memories of their child; and casting supplies to memorialize their child's hands and feet.

Walk To Remember, Inc., an Indiana non-profit organization, was started to *inspire hope and healing through remembrance for families experiencing the loss of a baby, to support area families on their grief journey, and to bring awareness to our community.* Last year was our most successful year, with more than 400 people attending to remember and honor their babies. After funding our free community walk, we were able to purchase \$1,500.00 of legacy items for area hospitals. We would not be able to do this without the support from area businesses such as yours.

Our <u>5th Annual Walk to Remember</u> is scheduled for Saturday, October 13, 2018, at Huntertown Family Park, Huntertown, Indiana. We need your help to make the <u>5th Annual Walk To Remember</u> the most successful yet. Can we count on you for your support? The sponsorship form enclosed explains the different levels and benefits.

To sponsor, simply fill out the Sponsor Form and return it with your gift in the enclosed self-addressed, stamped envelope provided. You may also donate online at **walktorememberfw.org**¹ using PayPal. If you have questions or would like to discuss a donation, please contact me directly at (260) 710-0113.

Thank you in advance for your support. Your donation is greatly appreciated and will be used to fund Walk To Remember, Inc. for perinatal and infant loss and provide resources to hospitals in Fort Wayne, Indiana and the surrounding communities.

With warm regards,

Walk To Remember, Inc.

Kelli Bunn

Kelli Bunn, Vice President

¹ walktorememberfw.org is still under construction. We plan to have it live by June 15, 2018.



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Sponsorship Levels

Gold Sponsor (Donate \$500 or more)

- > Company name and logo featured on back of commemorative t-shirt (if paid by Sept. 1, 2018)
- > Company name and logo featured on event program, banner, and signs at event
- Name recognition in all marketing materials
- Linked company name and logo featured on Walk To Remember website
- Acknowledgment on Facebook
- > Emcee shout-outs during event
- Opportunity to place promotional items in goody bag
- May request up to 10 complementary t-shirts

Silver Sponsor (Donate \$250 or more)

- Company name featured on back of commemorative t-shirt (if paid by Sept. 1, 2018)
- Company name featured on event program, banner, and signs at event
- Company name on Walk To Remember website
- Opportunity to place promotional items in goody bag
- May request up to 5 complementary t-shirts

Angel Baby Sponsor (Donate \$50 or more)

- The name of your baby will be placed on the back of Commemorative t-shirt (if paid by Sept. 1, 2018)
- The name of your baby will be placed on a sign at the event
- May request 1 complementary t-shirt

Friend Sponsor (Any monetary amount less than \$50, item donation or service donation)

Recognition on event program

Note: Additional t-shirts may be purchased for \$10 each.



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Sponsorship Commitment

I would like to show my support for area families experiencing the loss of a baby by supporting **Walk To Remember, Inc.**, an Indiana non-profit organization, with my financial gift or gift of goods or services.

Name and Title:			
Company Name:			
Address:			
Phone Number:			
Email Address:			
Sponsor Level: O Gold Sponsor Donation Amount: \$ O I wish to receive my comple O I do not wish to receive my	ementary t-shirt(s). (pleas complementary t-shirt(s)	e select quantity and sizes below)	O Friend Sponsor*
*Friend Sponsor is not eligible for	a complementary t-shirt.		
O I wish to Donate and Item. My Item	Donation is		•
O I wish to Donate Services. My Service	e Donation is		•
O I would like to donate money to prov Memory Box (\$50) – Beautiful p Support Folder (\$15) – Resource Cuddle Cot (\$3,000) – A cooling Camera (\$100-\$200) – Provides You may add a donor recognition card: Donated in memory of: You may specify an Indiana hospital for y Name of Hospital:	padded box filled with leges on grieving the loss of gunit that gives parents reparents with lasting menurous donation: (pending to	gacy items a baby more time to say good-bye mories that item is needed by hospit	
Please make donation checks payable to: envelope. You may also elect to make yo			
T-Shirts Quantity: You will be charged \$10 each for any qu	antity of t-shirts ordered that e	xceed the complementary quantity	as outlined in the Sponsor Level.
Adult Sizes:	,		th Sizes:
x-small	x-large	Si	
small	xx-large	n	nedium
medium	xxx-large	la	arge
large	xxxx-large		
Signature:	Date:	Date:	
-			

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