



### PNC Field – June 6, 2020

#### Sponsorship Registration Form

Full Name \_\_\_\_\_

Company \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I cannot participate, but please accept my donation:

\$1,000 Platinum

\$100

\$500 Gold

\$50

\$250 Silver

\$30

\$150 Bronze \*\*

Other donation \$ \_\_\_\_\_

Walker registration form must be completed for walkers at each sponsorship level.

\*\*Bronze Sponsors – Contact Valerie Williams to identify and register your team of walkers

Please make Check payable to **Northeast PA Area Health Education Center**.

(Memo: *Highmark Walk 2020*)

**Sponsors**, please print your name or the name of your company as you would like it to appear on recognition material: \_\_\_\_\_

Or check here if you prefer to remain anonymous.

**Company logos should be submitted as full color high-resolution (minimum 300dpi) jpg, png or pdf by February 28, 2020.** Please email to [vwilliams@ecneahec.org](mailto:vwilliams@ecneahec.org)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return your donation with the completed sponsorship form, walker registration form, logo and/or materials for distribution to:

**Northeast PA Area Health Education Center**  
Attn: Highmark Walk 2020  
5662 Interchange Road  
Lehighton, PA 18235

For more information please contact Valerie Williams at 610-379-2001 or [vwilliams@ecneahec.org](mailto:vwilliams@ecneahec.org)

**Disclosure:** I hereby waive all claims against Highmark Health, its affiliates and subsidiaries, and all sponsors, charities, or personnel involved in the walk for any injury that I might suffer at this event. I attest that I am physically fit and prepared for this event. I grant full permission for Highmark Health, its affiliates and subsidiaries, and participating organizations to use photographs of me in the accounts and promotions of this event.