SUPPORTING PATIENT PROGRAMS
AND KIDNEY HEALTH INITIATIVES

WHY WE WALK FOR KIDNEY HEALTH

Kidney disease is common but often invisible. Though it affects more than one in seven adults, its symptoms usually go unnoticed. Every 24 hours, more than 300 people begin treatment for kidney failure. Kidney disease is the ninth leading cause of death in the United States.

The Walk for Kidney Health honors those who face kidney disease, remembers those we have lost, celebrates organ donors and calls attention to the importance of kidney health in our community. The 5K race is open to all runners, while the walk at the scenic Outer Harbor can be enjoyed by families and individuals of all ages and abilities. Funds raised through the event facilitate Kidney Foundation of Western New York programs throughout the year. More information is online at www.kfwny.org/walk.

YOUR SUPPORT MAKES A DIFFERENCE

The Kidney Foundation of WNY uses proceeds from the Walk for Kidney Health to finance a variety of patient support services and kidney health education programs throughout our eight-county service area. Patient assistance takes the form of rides to dialysis treatment, nutritional supplements, help purchasing medications and specialized equipment and more. The Kidney Foundation also offers free kidney health screenings, provides patient and professional education sessions, shares information about disease progression and treatment options, and highlights the lifesaving power of kidney transplantation.

Gifts are tax-deductible. The Kidney Foundation of WNY is a 501c3 nonprofit organization. EIN: 47-5204268

GET YOUR TEAM INVOLVED

The Walk for Health is about much more than fundraising! We welcome organizations of all sizes to get involved at a level that works for you. Sponsors can have their own teams and shirts, arrange for a company tent, invite employees’ families to attend and more. If you have any special ideas for participating or would like a sponsorship option not listed below, please contact Jeremy Morlock at 716-529-4393 or jmorlock@kfwny.org.
## Sponsorship Options

<table>
<thead>
<tr>
<th>Sponsorship Benefits</th>
<th>Gold Level</th>
<th>Silver Level</th>
<th>Bronze Level</th>
<th>Starting Line Banner</th>
<th>Finish Line Banner</th>
<th>Mile Marker Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Investment</td>
<td>$5,000</td>
<td>$2,500</td>
<td>$1,500</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$500</td>
</tr>
<tr>
<td>Space at Lakeside Lawn</td>
<td>10’ by 10’ tent &amp; table</td>
<td>Table in sponsor area</td>
<td>Table in sponsor area</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Walk day signage</td>
<td>Logo</td>
<td>Logo</td>
<td>Listing</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Walk route signs</td>
<td>Two route signs</td>
<td>One route sign</td>
<td>Inclusion on bronze sign</td>
<td>Starting line banner</td>
<td>Finish line banner</td>
<td>Mile marker sign</td>
</tr>
<tr>
<td>Event Poster Recognition</td>
<td>Large logo</td>
<td>Small logo</td>
<td>Listing</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inclusion on T-shirt</td>
<td>Large logo</td>
<td>Med. logo</td>
<td>Listing</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Social Media Mention</td>
<td>Dedicated Post w/ logo</td>
<td>Dedicated post</td>
<td>Listing</td>
<td>Listing</td>
<td>Listing</td>
<td>-</td>
</tr>
<tr>
<td>Newsletter Recognition</td>
<td>Highlighted with logo</td>
<td>Mentioned in intro</td>
<td>Included in thanks</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Website Recognition</td>
<td>Large logo</td>
<td>Med. logo</td>
<td>Small logo</td>
<td>Listing</td>
<td>Listing</td>
<td>Listing</td>
</tr>
<tr>
<td>Scripted Recognition on Event Day</td>
<td>Invitation to speak</td>
<td>Inclusion in welcome</td>
<td>Inclusion in welcome</td>
<td>Mention on loudspeaker</td>
<td>Mention on loudspeaker</td>
<td>-</td>
</tr>
</tbody>
</table>

Our investment is:

- Gold $5,000
- Silver $2,500
- Bronze $1,500
- Starting Line $1,000
- Finish Line $1,000
- Mile Marker $500

Organization: ________________________ Contact: ________________________
Address: ____________________________________________________________
Phone: ___________________ Email: ____________________________________

- Enclosed is our check made payable to the Kidney Foundation of WNY
- Please charge my credit card: MC___ VISA ___ AMEX ___ DISC _____
Card #: ____________________________
Exp Date: ____________
Name as it Appears on the Card: ____________________________
Security Code: ______
- Please invoice me.

Please return to:
Kidney Foundation of WNY
4444 Bryant & Stratton Way
Williamsville, NY 14221
Phone: 716-529-4393
Email: jmorlock@kfwny.org