



## SPONSOR RESPONSE FORM

DMACC 5K Walk/Run  
Saturday, October 4, 2025

### Sponsor Information

Company\_\_\_\_\_

Contact Name\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

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

### I want to sponsor at the following level:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Presenting - \$5,000  | <input type="checkbox"/> Tent - \$3,500          | <input type="checkbox"/> Breakfast - \$2,500 |
| <input type="checkbox"/> Fun Zone - \$2,500    | <input type="checkbox"/> Medal - \$2,500         | <input type="checkbox"/> Media - \$2,500     |
| <input type="checkbox"/> Timing - \$1,500      | <input type="checkbox"/> Entertainment - \$1,000 | <input type="checkbox"/> Race Bib - \$1,000  |
| <input type="checkbox"/> Mile Marker - \$1,000 | <input type="checkbox"/> Water Stop - \$1,000    | <input type="checkbox"/> Race Day - \$500    |

### Payment Options

Total Sponsorship \$\_\_\_\_\_

- ☐ Enclosed is my check made payable to DMACC Foundation.
- ☐ Please invoice me. Month to be invoiced\_\_\_\_\_
- ☐ I will go online to [foundation.dmacc.edu](http://foundation.dmacc.edu) to make my payment.
- ☐ I'm unable to attend this year, but want to support DMACC students.  
Enclosed is my tax-deductible donation for:  
☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ Other \$\_\_\_\_\_

***Thank you for your support!***

**DMACC**  
**FOUNDATION**

DMACC Foundation | 2006 S Ankeny Blvd Bldg 22 | Ankeny, IA 50023  
[foundation@dmacc.edu](mailto:foundation@dmacc.edu) | 515-964-6229