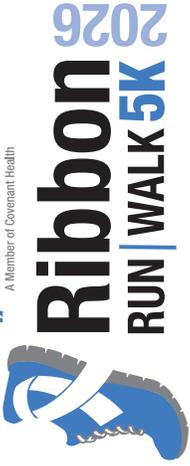




Sunday, September 13, 2026
Mine Falls Park



Step Up for Cancer Care!

stjosephhospital.com/ribbon



Presenting \$15,000
Limited to one sponsor

Hospital Humanitarian \$10,000
Limited to two sponsors

Patient Partner \$7,500
Limited to six sponsors

Medical Missionary \$5,000
Limited to ten sponsors

Disease Defender \$2,500
Limited to fifteen sponsors

Rehab Rockstar \$1,000
Unlimited

Ft Friend \$500
Unlimited

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6	LEVEL 7
Logo with link to website on St. Joseph Hospital and RunSignUp pages for all of 2026	●						
Digital images for social media and/or print advertising	14	12	10	8	6	4	2
Complimentary registrations to the <i>Ribbon Run/Walk</i> event	●	●	●	●	●	●	●
Listing in St. Joseph Hospital annual report (and printed on hospital donor wall)	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5		
Logo placement on participant t-shirts	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5		
Recognition on all St. Joseph Hospital and Clinic Monitors June - September	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5		
Company name/logo on printed event collateral	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4			
Event Signage	Start/Finish Line	Water Station	Half Way Marker	Heartbreak Hill Marker... You are almost finished!			
Recognition at St. Joseph Hospital's Ribbon Gala (a survivor celebration)	Logo on invite, program and digital screens	Logo on program and digital screens	Logo on program				
Recognition on all St. Joseph Hospital and Clinic Monitors October - June	●	●					

**Media Sponsorships Available.*

*Sponsor commitment or pledge due **August 1st** for guarantee of logo placement on participant tee shirt.*

Please contact Brian Winslow at 603.884.4343 -or- bwinslow@covh.org to reserve your sponsorship opportunity.



Step Up for
Cancer Care!

2026 Sponsorship Reservation Form

Several sponsorship opportunities are available for our *Ribbon Run 5k* event. All sponsors will be recognized at the *Ribbon Run 5k* Event and throughout the entire year. Please contact Brian Winslow at **603-884-4343** -or- **bwinslow@covh.org** to reserve your sponsorship opportunity NOW, or return this form as indicated below.

- Presenting Sponsor** \$15,000 (limited to one sponsors)
- Hospital Humanitarian Sponsor** \$10,000 (limited to two sponsors)
- Patient Partner Sponsor** \$7,500 (limited to six sponsors)
- Medical Missionary Sponsor** \$5,000 (limited to ten sponsors)
- Disease Defender Sponsor** \$2,500 (limited to fifteen sponsors)
- Rehab Rockstar Sponsor** \$1,000
- Fit Friend Sponsor** \$500

Company Name POC for All Communications

Address City State Zip

Main POC Email Main POC Phone

Please check one of the following:

- My check is enclosed. (Please make check payable to St. Joseph Hospital)
- Please charge my credit card. (Complete section below or [pay online](https://stjosephhospital.com/ribbon) at stjosephhospital.com/ribbon)
- Please bill me.

Name as listed on the card Billing email

Billing address City State Zip

Credit card number Exp date Security code

Please return this form with your payment to:

St. Joseph Hospital Foundation | 172 Kinsley Street | Nashua, NH 03060 | Phone 603.884.4343

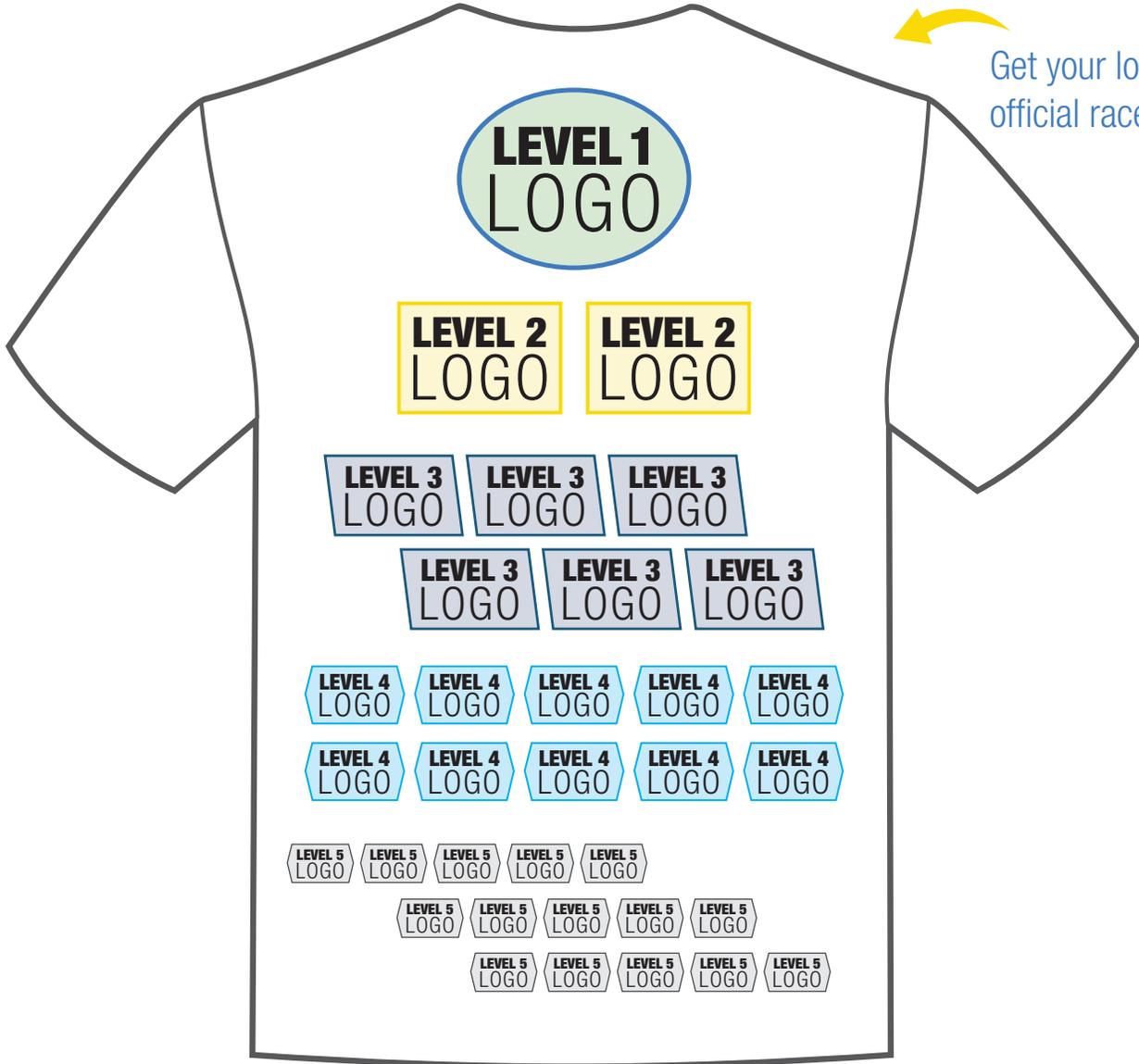


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Get your logo on our official race tee back!



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