

5th Annual **LEGS AGAINST LYME** Sponsorship Opportunities

✓ **May 15th Sponsorship Deadline**

The Central New York Lyme & Tick-Borne Disease Alliance is hosting the fifth annual Legs Against Lyme Awareness Walk on Saturday, May 30, 2026, at Long Branch Park.

Please consider supporting this event to raise awareness for and prevent Lyme and tick-borne disease. Lace up and join us for this exciting event as a sponsor today!

PRESENTING SPONSOR

\$10,000

SPACE PROVIDED FOR
MARKETING TABLE AT EVENT



- 25 Walk registrations
- Name and logo on t-shirt and signage
- Recognition in ALL event marketing and communications
- Ongoing recognition as Summer Season Sponsor (May 1 - August 31)

PARTNERSHIP SPONSOR

\$5,000

SPACE PROVIDED FOR
MARKETING TABLE AT EVENT



- 10 Walk Registrations
- Name and logo on t-shirt and signage
- Recognition in ALL event marketing and communications
- Recognition as Lyme Awareness Month Sponsor (May)

SUPPORTING SPONSOR

\$2,500

SPACE PROVIDED FOR
MARKETING TABLE AT EVENT



- 4 Walk Registrations
- Name and logo on t-shirt and signage
- Recognition in ALL event marketing and communications

COMMUNITY SPONSOR

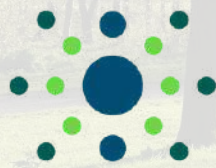
\$1,000

- 2 Walk registrations
- Name and logo on event signage
- Recognition in event acknowledgement

FRIENDSHIP SPONSOR

\$500

- Recognition in event acknowledgement



5th Annual LEGS AGAINST LYME

Sponsorship Commitment Form

✓ May 15th Sponsorship Deadline

Yes! We will sponsor the Alliance's Legs Against Lyme at the following level:

- Presenting Sponsor (\$10,000) Partnership Sponsor (\$5,000)
- Supporting Sponsor (\$2,500) Community Sponsor (\$1,000)
- Friendship Sponsor (\$500)

ORGANIZATION INFORMATION

Name: _____ Contact Name: _____
Email: _____ Phone Number: _____
Address: _____
City, State, ZIP: _____

- We have enclosed a check payable to "The Central New York Lyme & Tick-Borne Disease Alliance"
- Please send us an invoice
- We authorize the Alliance to make a one-time charge to the credit or debit card below on our behalf

PAYMENT INFORMATION

Name on Card: _____
Card Number: _____
Expiration Date: _____ CCV: _____ ZIP: _____
Authorized Signature: _____

- We will provide a copy of our logo for recognition to info@cnylymealliance.org
- Please do not publicly recognize us for our sponsorship

Thank you for your support!