



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 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 | 2006 S Ankeny Blvd Bldg 22 | Ankeny, IA 50023
foundation@dmacc.edu | 515-964-6229