



SPONSORSHIP AGREEMENT

**Orlando Health
Windermere Run Among
The Lakes**

EVENT DATE: SATURDAY October 16, 2021 7:00 AM

SPONSOR BUSINESS NAME: _____
ADDRESS: _____
PHONE: _____
CONTACT NAME: _____
EMAIL: _____

SPONSORSHIP LEVEL:

- _____ Presenting Sponsor.....\$3,000.00**
- _____ Associate Sponsor.....\$1,500.00**
- _____ Patron Sponsor.....\$500.00**

Friends of The Run Sponsor.....\$200.00

SPECIAL REQUESTS OR INSTRUCTIONS: _____

Payable to: Town of Windermere, 614 Main St., Windermere, FL 34786

Attn: Diane Edwards (407) 876-2563x5321 dedwards@town.windermere.fl.us

Payment: \$ _____ o VISA o MasterCard o Discover o Check: No.

Credit Card Number _____

Name on Card: _____

Billing Address: _____

Expiration Date: _____

By signing below you are in agreement with the terms stated herewith, and to charge the credit card *if applicable*.

Signature: _____ Date: _____

MAYOR
JIM O'BRIEN

THE TOWN OF
Windermere



TOWN MANAGER
ROBERT SMITH

CLERK
DOROTHY BURKHALTER

614 MAIN STREET, WINDERMERE, FL 34786
OFFICE: (407) 876-2563 FAX: (407) 876-0103