**Sponsorship Levels:  (please check one)**

**\_\_\_\_\_ Platinum Level (Donation amount of $500):** Your donation will provide two dental fillings and one dental extraction to a McDonough County resident in need. To say thank you, we will include your business name on the front of the race day program, on a special mile marker for race day, on the MCHD Grin and Bear It Fun Run website, and the participant’s t-shirts.

**\_\_\_\_\_ Gold Level (Donation amount of $400):** Your donation will provide two dental extractions to a McDonough County resident in need. To say thank you, we will include your business name on the back of the race day program, MCHD Grin and Bear It Fun Run website, and on the back of the participants’ t-shirts

**\_\_\_\_\_ Silver Level (Donation amount of $300):** Your donation will provide two dental fillings to a McDonough County resident in need. To say thank you, we will include your business name on the MCHD Grin and Bear It Fun Run website and on the back of the race day program.

**\_\_\_\_\_ Bronze Level (Donation amount of $150):** Your donation will provide one dental filling to a McDonough County resident in need. To say thank you, we will include your business name on the MCHD Grin and Bear It Fun Run website.

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Owner / Manager or Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsorship Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount of Donation for Sponsorship: \_\_\_\_\_\_\_\_\_\_

Any Additional Funding Provided for Dental Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*To appear on the race day t-shirt, please make your donation no later than* ***August 21, 2017****. To appear on our website or in our race day brochure, please make your donation no later than* ***August 25, 2017****.*

***Please make checks payable to the McDonough County Health Department.  Also, please send your business logo to******Kallen@mchdept.com******.*** **Thank you for your generous donation!**

Please place this registration form and a check in the enclosed envelope and mail to:

McDonough County Health Department

c/o Kerri Allen RN Community Health Director

505 E. Jackson St.

Macomb, IL 61455