



August 10, 2025

Black River Landing

421 Black River Ln, Lorain OH 44052

SPONSOR RESERVATION

Contact Name _____

Company/Organization _____

Address _____

City _____ State _____ Zip _____

Contact Phone _____ Email _____

Company/Organization/Sponsor Name as you wish to have it appear in event communications

SPONSORSHIP LEVEL (SELECT 1)

Presenting Sponsor

\$5,000

\$2,500

\$1,000

\$500

\$250

PAYMENT INFORMATION

Check enclosed made payable to Riveon Mental Health and Recovery

For credit card purchases, please provide

Name on Card _____

Card Number _____

Expiration Date (mm/YY) _____ Security Code on Back of Card _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____

Completed reservation forms may be returned via email to myonkings@riveonhealth.org or mailed to:

Riveon Mental Health and Recovery, Attn: Marissa Yonkings, 6140 S. Broadway, Lorain, OH 44053

Email high resolution or vector logo artwork to myonkings@riveonhealth.org

For additional information, please contact **Joe Matuscak** at **440.669.0978** or email jmatuscak@riveonhealth.org



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SPONSOR OPPORTUNITIES

Investment Benefits	Presenting Sponsor \$5,000	\$2,500	\$1,000	\$500	\$250
Race Entries	10	8	6	4	2
PRE-EVENT RECOGNITION					
Identification as presenting sponsor in race marketing	★				
Recognition on event website \$1,000 & over includes logo & link	★	★	★	★	★
Email blasts with logo (For \$1,000 and up) or listing	★	★	★	★	★
Social media promotion with links to sponsor website	★	★	★		
Logo in event advertisements (Commit by June 15)	★	★	★		
Mention in press release	★	★	★	★	
ON-SITE RECOGNITION					
Booth availability (no on-site sales)	★	★	★	★	
T-shirt recognition (one-color logo \$1,000 and up) by July 15. Space will be prioritized based on sponsorship level	★	★	★	★	★
Display of your company's banner	★	★	★		
POST-EVENT RECOGNITION					
Thank you email blast	★	★	★	★	★
Social media thanks	★	★	★	★	★
Newsletter mention	★	★	★	★	★