

Mission Restart Sponsorship Application

Walk, Ride & Overdose Awareness Day 2025

Thank you for your interest in sponsoring Mission Restart's Walk, Ride & Echos of Hope: Breaking the Silence on Overdose. Please complete the application below and submit it with payment to confirm your sponsorship.

SPONSOR INFORMATION

Company/Organization Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

SPONSORSHIP LEVEL SELECTION

- Walk for Recovery ONLY
- Ride for Recovery ONLY
- Overdose Awareness Day ONLY
- Sponsor All Events (Walk, Ride & Overdose Awareness Day)

Please select your sponsorship level:

- Presenting Sponsor - \$1,500 (Individual Event) | \$4,000 (All Events, Savings of \$500)
 - Gold Sponsor - \$1,000 (Individual Event) | \$2,500 (All Events, Savings of \$500)
 - Silver Sponsor - \$500 (Individual Event) | \$1,250 (All Events, Savings of \$250)
 - Bronze Sponsor - \$300 (Individual Event) | \$700 (All Events, Savings of \$200)
-

PAYMENT INFORMATION

- Check (Payable to Mission Restart)
 - Credit Card (<https://www.zeffy.com/donation-form/2025-event-sponsorship-form>)
 - Other: _____
-

SPONSORSHIP BENEFITS

- **Presenting Sponsor:** Booth space, largest logo on event T-shirts, featured on flyers, social media posts, free Ride for Recovery tickets & event T-shirts (for Ride event and all-event sponsors).
 - **Gold Sponsor:** Booth space, medium logo on event T-shirts, recognition on flyers & social media, free Ride for Recovery tickets & event T-shirts (for Ride event and all-event sponsors).
 - **Silver Sponsor:** Booth space, name listed on event T-shirts, recognition on social media, free Ride for Recovery tickets & event T-shirts (for Ride event and all-event sponsors).
 - **Bronze Sponsor:** Booth space, recognition on social media, free Ride for Recovery ticket & event T-shirt (for Ride event and all-event sponsors).
-

AGREEMENT

I, the undersigned, agree to sponsor Mission Restart's Walk, Ride & Overdose Awareness Day 2025 at the level selected above. I understand that payment is required to secure sponsorship benefits.

Authorized Representative Signature: _____

Date: _____

SUBMISSION INFORMATION

Please return this completed form to:
Mission Restart
815 NW 4th St Grand Rapids, MN, 55744
Email: cynthiat@missionrestart.net
Phone: (218) 999-4066

Thank you for your support in helping us walk alongside individuals affected by substance use disorder!