



Support the 16th Annual ARI Walk for Independence

Honoring Gail Malloy and Bob Bryson

Walk, Picnic and Fun for all!

Sunday, April 24, 2022

10 a.m. | Cove Island Park, Stamford



SPONSORSHIPS

\$2,500 – RACE SPONSOR

- Name and Logo on Front of T-shirt*
- Entrance and Path Sign
- Media coverage**
- Print & Social Media Promotions
- 5 Facebook Spotlight posts

\$1,000 – DISTANCE SPONSOR

- Name and Logo on Back of T-shirt
- Entrance and Path Sign
- Print & Social Media Promotions
- 4 Facebook Spotlight posts

\$500 – PACE-SETTER SPONSOR

- Name on Back of T-shirt
- Path Sign
- Print Promotions
- 3 Facebook Spotlight posts

\$250 – MILEAGE OR RESIDENCE SPONSOR

- Name on Back of T-shirt
- Path Sign

\$150 – TEAM SPONSOR

- Name on Back of T-shirt

arict.org

* Deadline for inclusion on T-shirt is April 1.

**ARI makes every attempt to promote the event through local media outlets. However, coverage is dependent on the media and is not guaranteed.

Enriching the lives of people with disabilities and their families by enabling them to achieve their fullest potential at home, at work and in the community.

ARI of CT, Inc. is a 501(c)(3) not-for-profit organization, relying on contributions and grants from individuals, foundations, corporations, and charitable trusts. Donations may be tax-deductible to the extent allowed by law.

Walker Registration and Sponsorships

Sponsor, donate or set up a fundraising team page at www.arict.org

NAME _____ TEAM _____

Donation _____ (minimum \$50 donation to receive a T-shirt)

I can't attend but wish to make a contribution of \$ _____

I will sponsor an ARI RESIDENCE \$250 ARI Consumer \$50

Sponsor Level _____ Enclosed is my matching gift form

Address _____ City _____ ST _____ Zip _____

Phone (home) _____ (work) _____

(cell) _____ Email _____

Company _____

Total Contribution \$ _____ (Over \$50 = one T-shirt)

T-SHIRT SIZES: CHILD ADULT Sm Med Large XL XXL

Please make checks payable to ARI of CT and mail with this completed form to
ARI Walk for Independence, 174 Richmond Hill Avenue, Stamford, CT 06902

You can also make your payment or donation online at www.arict.org

Check \$ _____

Credit Card: Visa Mastercard AMEX Card Number _____ CVV _____ Exp Date _____

Name on Card _____

WAIVER • Each participant in the ARI Walk for Independence must check the box to accept this waiver when registering.

If you are under 18 your parent or guardian must check the box for you.

I agree to hold harmless and indemnify ARI of CT, Inc., from all cost, expense and liability arising out of my or my child's participation in the ARI Walk for Independence. I hereby waive any and all claims for damage or loss to me or my child's person or property which may be caused by an act, or failure to act by ARI, their officers, agents or employees arising directly or indirectly from my or my child's participation in this event. I grant full permission for ARI to use my photographs, video, film or other record of the ARI Walk for Independence in which I or my child, may appear for any legitimate purpose.

I have read and accept the waiver. _____

For more information call 203 324-9258 ext. 3023
or email gasparinog@arict.org
Thank you!