



Support the 18th Annual ARI

Walk for Independence

Walk, Picnic and Fun for all!

Honoring the Stamford Health HAHAs and Valerie Cadman

Sunday, April 28, 2024 - 10 a.m. Cove Island Park, Stamford



SPONSORSHIPS

\$2,500 - RACE SPONSOR

Name & Logo on front of T-shirt*

Entrance & Path Sign

Media Coverage**

Print Promotions

5 Facebook Spotlight posts

\$1,000 - DISTANCE SPONSOR

Name & Logo on Back of T-shirt

Entrance & Path Sign

Print Promotions

3 Facebook Spotlight posts

\$500 - PACE-SETTER SPONSOR

Name & Logo on Back of T-shirt

Entrance & Path Sign

Print Promotions

1 Facebook Spotlight post

\$250 - MILEAGE 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 Connecticut, Inc. is a 501(c)(3) nonprofit 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/18thwalk

NAME _____

Team _____

☐ Donation Amount _____ (\$50 to receive a T-shirt, \$25 each additional)

Number of attendees _____

I will sponsor an ☐ ARI Residence (\$250) ☐ ARI Consumer (\$50)

☐ Sponsor Level _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Company _____

Name for Back of Shirt _____

(Email Logo for Pace-Setter sponsor level and higher)

Total Contribution \$ _____

T-Shirt Sizes: Child ☐ Adult Med ☐ Large ☐ XL ☐ XXL ☐

Please make checks payable to ARI of Connecticut and mail with this completed form to
ARI of Connecticut, Inc., 174 Richmond Hill Avenue, Stamford, CT 06902

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

Credit Card: Visa ☐ Mastercard ☐ AMEX ☐

Card Number _____ CVV _____ Exp Date _____

Name on Card _____ Signature _____

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!