# Support the 19th Annual ARI Walk for Independence

Walk, Picnic and Fun for all! Honoring the Stamford Police Dept. & Assn. Saturday, April 26, 2025 - 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** 

TAMFORD POLICE

#### \$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 posts

#### **\$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/19thwalk

	Team	
Donation Amount	(\$50 to receive a T-shirt, \$25 for additional shirts)	
Number of attendees		
<b>I will sponsor an</b> 🛛 ARI Residence (\$250)	⊐ ARI Consumer (\$5	0)
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 🗖 Larg	ge 🗆 XL 🗆 XX	LO
Please make checks payable to ARI c ARI of Connecticut, Inc., 174 You can also make your credit ca	Richmond Hill Avenue	e, Stamford, CT 06902
Credit Card: Visa 🗆 Mastercard 🔲 AMEX 🗖		
Card Number	CVV	Exp Date
Name on Card	Signature_	
Waiver, each participant in the ARI Walk for Independence multiply ou are under 18 your parent or guardian must check the boot agree to hold harmless and indemnify ARI of CT, Inc. from all cost Independence. I hereby waive any and all claims for damage or lo act by ARI, their officers, agents or employees arising directly or ARI to use my photographs, video, film or other record of the ARI is a large read and accept the waiver.	<b>x for you</b> t, expense and liability arisin ss to me or my child's perso indirectly from my or my ch Valk for Independence in wh	ng out of my or my child's participation in the ARI Walk for on or property which may be caused by an act, or failure to ild's participation in this event. I grant full permission for
	on call 203 324-9258	
or email g	gasparinog@arict.org	

Thank you!