



TOUR DE FLASH

SPONSORSHIP OPPORTUNITIES

Tour de Flash
Saturday, June 13, 2020
Jerome Village Community Center



WHAT IS THE NATIONAL KIDNEY FOUNDATION?

The National Kidney Foundation is the largest, most comprehensive, and longstanding organization dedicated to the awareness, prevention, and treatment of kidney disease.

WHAT IS TOUR DE FLASH?

Tour de Flash is our annual team kidney ride to honor the life of Bill Gordon, a leader in the Columbus cycling community, and supporter of the National Kidney Foundation by raising awareness of kidney disease and the importance of organ donation. Bill was an organ and tissue donor.

ABOUT BILL GORDON

"Connect by listening, inspire by caring, create by taking action!" Bill Gordon lived his life by these words. His lifetime love of cycling and helping other people to become their best self, inspired his friends and family to create this annual event. Bill lived his life in service to others and continually worked to improve himself and to understand the world around him. As the Events Director for Columbus Outdoor Pursuits, he led bicycling activities throughout Ohio, including The Tour of the Scioto River Valley (TOSRV) and The Great Ohio Bicycle Adventure (GOBA). Bill felt strongly about living a life of purpose that had a positive impact on others. He was an organ and tissue donor when he passed away. Bill knew that cycling brings people together and creates a community that supports a healthy lifestyle. He truly believed we are here to connect with each other and help one another.

Join us in this ride to help prevent kidney disease and to honor a man that believed even the smallest act of kindness can help another person in a tremendous way.

WHY BECOME A SPONSOR?

1 in 3 people is at risk for kidney disease. 1 in 9 people have it, but only 10% know it. With your help, we can change the daily lives of millions of people for the better.

- Sponsorship can broaden your competitive edge by improving your company's image, prestige and credibility.
- It provides a means of accessing a wide audience, including community leaders, businesses, and customers.



HOW DOES YOUR MONEY HELP?

81 cents of every dollar we raise directly supports programs and services like these:

KEEP Healthy

KEEP Healthy is a community-based educational initiative. Participants receive a brief health survey, blood pressure and BMI measurements, educational information and clinician consultation.

NKF Cares

NKF Cares is our toll-free phone and email patient help line. Trained professionals provide information, support and resources to people affected by CKD (patients, family members) on a wide variety of topics.

Peer Support

NKF PEERS is our free, national telephone-based support program that connects those experiencing chronic kidney disease, dialysis, or transplant with an NKF-trained mentor who has been through a similar experience.

Advocacy Efforts

We advocate in Washington D.C. to improve the quality of life for kidney patients and reducing transplant waiting times. We're working to pass the Living Donor Protection Act that would end many forms of insurance discrimination facing living donors and extend job security.

Research

NKF's Research Grant funds beginning scientists through the Young Investigator Grant designed to expand the knowledge base of kidney disease and its treatment.

Your Kidneys and You

Your Kidneys and You is a volunteer-led presentation on kidneys, risk factors and preventative action steps, with a focus on where to turn for more information. Volunteers are trained by NKF local offices to deliver this presentation to the general public, corporate audiences and at-risk populations.

Educational Programs and Resources

The NKF delivers patient and professional programs and resources in print, online, and in meetings. This includes our *Kidney Living* magazine for dialysis patients, smartphone apps, CME/CE programs, Spring Clinical meetings, and professional journals.

2019 SPONSORSHIP OPPORTUNITIES

Benefits Provided by the Foundation	Presenting Sponsor \$5,000	Gold Sponsor \$2,500	Silver Sponsor \$1,000	Bronze Sponsor \$500
Pre-Event				
Company name cited in all media promotions and press releases (where applicable).	X	X	X	X
Company logo included on local Tour de Flash web page.	X	X	X	X
Company logo included on local Tour de Flash email blasts.	X	X	X	X
Company name cited on local social media messages regarding Tour de Flash	X			
Two Complimentary Event Registrations	X	X	X	
Day of Event				
Company logo included on 8 x 5 banners that will hang on site day of event.	X	X	X	X
Verbal recognition in the Tour de Flash opening ceremony.	X	X	X	X
Company logo included on Event t-shirts and cycling jerseys	X	X	X	
One company booth provided at the Tour de Flash where information and/or samples may be distributed to participants (recommended give-a-ways, approx. 300)	10x10 tent	10x10 tent	Table	
Post Event				
Recognition on the NKF's local website, indicating Tour de Flash results	X	X	X	X
Recognition in the NKF's local newsletter (if applicable).	X	X	X	X
Right of refusal for following year.	X			

If interested in discussing additional partnership opportunities, please contact Tisha Reynolds at 614.882.6184 x 821 or Tisha.Reynolds@kidney.org



2020 Tour de Flash Sponsorship Agreement

Please check your company's commitment level:

- | | |
|---|---|
| <input type="checkbox"/> Presenting Sponsor \$5,000 | <input type="checkbox"/> Silver Sponsor \$1,000 |
| <input type="checkbox"/> Gold Sponsor \$2,500 | <input type="checkbox"/> Bronze Sponsor \$500 |

Please check if your company will match gifts submitted by employees:

- YES**, our company is a matching gifts corporation and will match all funds our Riders raise up to_____.

* All artwork should be sent electronically (in .PDF and .EPS format) to Tisha Reynolds, Tisha.Reynolds@kidney.org by 05/01/20.

Contact/ Representative_____ Position/Title_____

Company / Organization_____

Address _____

City / State / Zip_____ Phone_____

Email _____

Payment for the Tour de Flash is due by 06/01/20.

- Please invoice our company for \$_____ Please note if invoice(s) should be sent on specific date(s).
- My check made payable to the National Kidney Foundation is enclosed for \$_____
- I am interested in an installment payment plan for \$_____ over _____ months (PIF Date: _____)
- Please charge my credit card for \$_____ AMEX VISA M.C. Discover
- Card # _____ Exp. Date _____
- Signature _____ Date _____

Please return a completed form via email, mail or fax to:

National Kidney Foundation
 Attn: Tisha Reynolds Executive Director
 2800 Corporate Exchange Dr., Suite 215
 Columbus, OH, 43231
 614.882.6184 x 821
 TAX ID # - 13-1673104