

*Cass County Walks for Life,
so no mother walks alone.*

2026 WALK FOR LIFE SPONSORSHIP COMMITMENT

SATURDAY, MAY 16, 2026

8:30AM Registration // 9:00AM Walk Begins // Harrisonville City Park

Because of partners like you, hope begins - and continues - for women and families in Cass County.

Your sponsorship of the Shiloh Walk for Life directly supports compassionate medical care, parent education, advocacy services, and essential resources for mothers and babies in our community.

*We are honored to invite you to stand with
us as a sponsor for this year's Walk.*



1910 N. State Route 291 Highway, Harrisonville, MO 64701
816.925.4596 | www.shilohcenter.org | info@shilohcenter.org

Sponsor Information

Organization / Individual Name: _____

Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website (if applicable): _____

How would you like your name listed in recognition materials?

2026 Partnership Opportunities

1 Presenting Partner – \$5,000+

- Premier recognition as Presenting Sponsor
- Logo placement on event signage and promotional materials
- Recognition from stage during event
- Featured spotlight on social media
- Opportunity to host a table/booth at event

2 Community Champion – \$2,500

- Prominent logo placement on event signage
- Recognition on social media
- Recognition during event program

3 Hope Builder – \$1,000

- Logo included on event signage
- Social media acknowledgment

4 Family Advocate – \$500

- Name listed on sponsor signage
- Social media acknowledgment

5 Friend of Shiloh – \$250

- Name listed at event

I/We would like to sponsor at the following level: _____

I/We would like to contribute a custom amount of: \$_____

Please keep our sponsorship anonymous.

Payment Information

Check enclosed (Payable to Shiloh)

Please invoice me

I will give online (Scan the QR code)



Kindly return this form by: _____

Business logos may be emailed in high-resolution format (JPG, PNG, PDF) to: Courtney@ShilohCenter.org

Commitment

I/We are honored to partner with Shiloh to advance life-affirming care and strengthen families in our community.

Authorized Signature: _____

Printed Name: _____ Date: _____