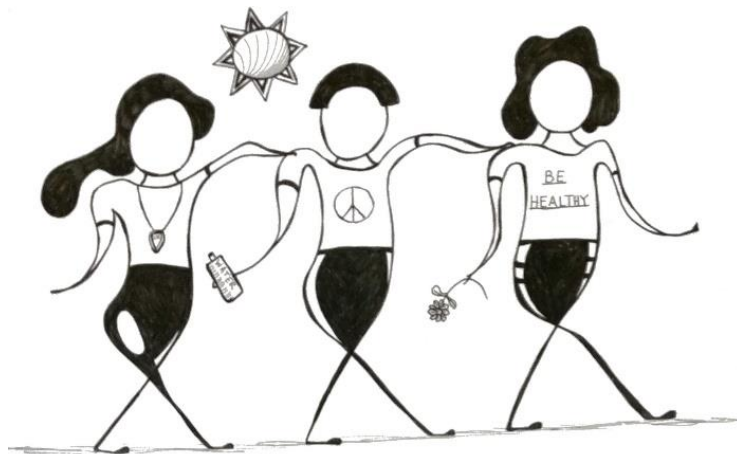




Annual IC Walk

Thursday, October 11, 2018 - 10:00 a.m.
(Rain Date October 12, 2018)

Independence Center (IC)
21 Church Street, *Waterbury, CT*



Join Mental Health Connecticut's (MHC's) Independence Center for its Annual IC Walk to take place during Mental Illness Awareness Week.

The event brings together MHC staff and clients for a walk around Waterbury's downtown district and showcases the reality of recovery for people with mental health conditions. Following a tradition, which began in 2017, walkers will visit local businesses along the route and invite the community to join in on the fun!

Participants are invited to celebrate at the conclusion of the walk with a lunch at the IC.

Support the IC

In order for Mental Health Connecticut to continue to offer programs to the members of the IC, we need your help. Please become a sponsor of this year's walk! Sponsors at \$1,000 or more will have their company logo listed on our walk t-shirts. Please view the following page for additional benefits to each level of sponsorship.

www.mhconn.org/events/ic-walk



**Annual IC Walk
Sponsorship Commitment Form**

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Gold: \$2,000

- Full color logo on walk T-shirt w/ prominent placement
- Recognition in press release
- Opportunity for remarks at event
- Logo on event materials
- Social media recognition
- Logo on IC Walk webpage
- Listing in Annual Report

Silver: \$1,000

- Full color logo on walk T-shirt
- Social media recognition
- Logo on IC Walk webpage
- Listing in Annual Report

Bronze: \$500

- Social media recognition
- Listing on IC Walk webpage
- Listing in Annual Report

Please return this form with payment to: Mental Health Connecticut, Attn: Jacquilyn Davis, 61 South Main Street, Suite 100, West Hartford, CT 06107. We will contact you to finalize the details of your contribution. THANK YOU!

Total \$ _____

Payment Method: Check *Please make all checks payable to "Mental Health Connecticut"*
 Credit Card (Visa, MasterCard, AMEX, Discover) Please Invoice

Card Number: _____

Expiration: _____/_____
CVV: _____ **Signature:** _____