



CARE NET
Pregnancy Center
of Indian River County



January 14, 2026

Join us as a Champion for Care Net at our **42nd Annual Walk for Life!**

We invite you to partner with us in the vital ministry of Care Net by becoming a sponsor for our **42nd Annual Walk for Life on Sat. March 7th, 2026**. Care Net relies solely on contributions from corporate sponsors and individual donations and never accepts government funding. The Walk for Life fundraiser supports our mission to provide hope, healing and free services to women and families facing pregnancy decisions.

Your sponsorship of the Walk for Life means any funds received beyond the event costs will go directly to support clients. This year's walk theme, **Walk in Love**, is inspired by 2 John 1:6, "And this is love: that we walk in obedience to His commands. As you have heard from the beginning, His command is that you walk in it." In a world full of anger and discourse, we are reminded that Christ commands us to love Him and love others and then walk in the love He gives us.

Walk Sponsorship Opportunities and Benefits:

- **Gold:** \$1,500 - Large logo on commemorative T-shirt back; mention on Christian FM radio commercial; 3-minute commercial presentation from stage; promotional flyer and/or item in gift bag to walkers; logo on web site sign up page; logo on Care Net web site; logo on banner; social media mentions; mention in press releases, and 6 Participant T-shirts.
- **Silver:** \$1,000 - Medium logo on commemorative T-shirt back; thank you mention from stage; promotional flyer in gift bag to walkers; logo on website sign-up page; logo on Care Net website; company logo on banner; social media mentions, and 4 Participant T-shirts.
- **Bronze:** \$500 - Small Logo on commemorative T-shirt back; company name on website sign-up page; company name on Care Net website; company name on banner; social media mentions; and 2 Participant T-shirts.

The deadline to get your logo on the back of the T-shirt is Mon. Feb. 9th, but sponsorships can be accepted anytime.

If you would like to donate a minimum of \$25 for in-kind raffle item(s), please indicate on the form the dollar amount - or the items - you would like to contribute. For more info, please call Elinor at 772.569.7939 or email elinor@carenetirc.org. Thank you for making an impact in our community. Together, we can walk in love and bring hope to those in need!

Bonnie Martinelli

Bonnie Martinelli,
Executive Director

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Care Net Pregnancy Center of IRC is a 501(c)3 not-for-profit corporation | Federal Tax ID 59-2344840

Confidential Support for Women, Families, and Students for 42 years

carenetchampions.org - info@carenetirc.org - 772.569.7939 - 1355 37th St, Suite 301, VB - P.O. Box 836, Vero Beach, FL 32961



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2026 Walk for Life - Sponsorship Form

☐ **YES! I would love to be a sponsor! (Please fill out below).**

To pay by phone or more info: call Vicki 772.569.7939 or email info@carenetirc.org.

Business Name _____

Contact Name _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Website _____

Check your desired Sponsorship Level:

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☐ **Silver:** \$1,000 - Medium logo on commemorative T-shirt back; thank you mention from stage; promotional flyer in gift bag to walkers; logo on website sign up page; logo on Care Net web site; company logo on banner; social media mentions, and 4 Participant T-shirts.

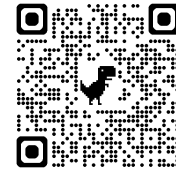
☐ **Bronze:** \$500 - Small Logo on commemorative T-shirt back; company name on website sign up page; company name on Care Net web site; company name on banner; social media mentions; and 2 Participant T-shirts.

For those not participating in T-shirt Sponsorship, but would like to give support or a minimum \$25 in-kind raffle item(s) please indicate dollar amount or item: _____

How would you like to be recognized? ☐ Business Logo* ☐ Name ☐ Anonymous ☐ Other _____

Payment Information:

- ☐ My check for the amount of \$_____ is enclosed
(Please make check payable to: Care Net Pregnancy Center)
- ☐ Donate securely online via the QR code to the Right
- ☐ Charge Card (circle one): Amex Discover MasterCard Visa
- You have the option to call in the credit card payment information.



Account Number: _____ - _____ - _____

CVV Code: _____ Billing Zip Code: _____

Exp. Date: ____/____/____ Amount to be charged: \$_____

Name on Card _____

Signature Required _____

By signing this form, I permit Care Net Pregnancy Center of IRC to charge my credit card for the amount I designated.

Next Steps:

1. By **Monday, Feb. 9th**, send your company **logo** in a **PNG or EPS** format to marketing@carenetirc.org
2. By Monday, **Feb. 16th**, send **payment to our office**. Mail to our address below. (Let us know if pickup is needed)
3. You will receive a confirmation email or receipt by mail when your form and payment are received.

