



10th ANNUAL SPEAK UP WALK

September 21st, 2025

OUR MISSION

To provide mental health education and to promote mental wellness to students, parents, and the community.

Our passionate hope is to provide quality education and awareness in our community and bridge the communication gaps between community, schools and parents.

SPONSORSHIP OPPORTUNITIES

EXECUTIVE SPONSORSHIP \$5,000 AND ABOVE

- Company name on the walk T-shirt
- Company name on the SPEAK UP website
- Company Name and Logo (If provided) on the registration website
- Digital Sponsor Banner and 3 Social media posts
- Use of the SPEAK UP logo
- Sponsor will also have rights to utilize the SPEAK UP name in their press releases

PLATINUM SPONSORSHIP \$1,000 - \$4,999

- Company name on the walk T-shirt
- Company name on the SPEAK UP website
- Company Name and Logo (if provided) on the registration site
- Digital Sponsor Banner and 1 Social media post

GOLD SPONSORSHIP \$500 - \$999

- Digital Sponsor Banner and 1 social media post
- Company name on the registration website

Contact

Please contact Tina Rockhold for questions.
TinaRockhold.speakup.us
@gmail.com

BOARD MEMBERS

Dr. Karen Arkin
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Carmen Cunyngnam
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**Honorary Board
Member:**
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**Please complete and return the 2nd page to:
SPEAK UP c/o Judy Bolsenga
E6898 Wildwood Road
Munising, Michigan 49862**

To confirm how you would like to be recognized and to receive the proper tax receipt please fill out this form and return it to SPEAK UP c/o Judy Bolsenga, E6898 Wildwood Road, Munsing, Michigan, 49682.

Sponsorship deadline to be on the T-Shirt is 8/15/25

Sponsorship form:

Business/Individual's Name: _____

Street Address: _____

City: _____ State _____ : Zip Code: _____

Contact Name: _____

Daytime Telephone Number: _____

Email address: _____

Website address: _____

Sponsorship Level:

Executive Level \$5,000+ Platinum \$1K - \$5K Gold \$500 - \$1K

Anonymous: We want to support but do not need to be named. Enclosed is our donation of \$_____.

Method of Payment:

Enclosed is my check in the amount of \$_____

Charge my credit card (please print clearly and mail to the address below)

Credit Card Type: Visa Master Card Discover AMEX

Cardholder's Name: _____

Billing Address: _____

Card Number: _____

Expiration date: _____ CVV Code: _____

Signature: _____ Date: _____

To register for the 2025 walk go to:
www.speakup.us



Tax EIN:
#84-2765230