



19th Annual
Saturday, February 5, 2022
1115 MacGregor Way, Houston, TX 77030



2022 IN-KIND SPONSOR PACKAGE

WWW.HCHDFFOUNDATION.ORG/2022TEXASMEDRUN



Mailing: P.O. Box 301168 | Houston, TX 77230-1168
Phone: (713) 566-6409

“Harris Health System Food Farmacy is a collaborative program with the Houston Food Bank. “We know that if we give our patients the tools — in this case foods — they need to succeed, they will...,”
Dr. Glorimar Medina, Executive Vice president, Ben Taub Hospital says.

The Harris County Hospital District Foundation (HCHD Foundation) cordially invites you to participate as an In-Kind Sponsor of our **19th Annual TexasMedRun** on **Saturday, February 5, 2022!** Our event is USA Track and Field certified and sanctioned, and will be held in the Texas Medical Center. The funds raised will benefit the Harris Health System, Food Farmacy Program!

So, what is a Food Farmacy? A Food Farmacy helps patients dealing with food insecurity (without means to adequate food sources) and diabetes. Patients are identified by physicians and referred to the program based on their food insecurity needs and a diagnosis of diabetes.

Patients with documented food insecurity and diabetes with elevated A1C levels (three-month hemoglobin measures above 7%) qualify for the program. Each receives free food including 30 pounds of fruits and vegetables, and four healthy food items like whole-grain rice, beans or meats every two weeks.

Currently, Harris Health System has three Food Farmacy locations at Strawberry and Acres Home Ambulatory Care Centers, and Lyndon B. Johnson (LBJ) hospital.

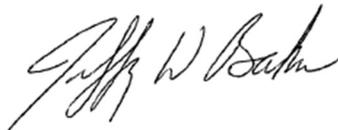
“Harris Health System Food Farmacy is a collaborative program with the Houston Food Bank. “We know that if we give our patients the tools — in this case foods — they need to succeed, they will. We are seeing success and they’re seeing it too. Our hope is that it will show them that they can help in the process of taking care of their health,” says Medina.

About 60% of the 2,700 patients with diabetes in these locations have elevated A1C levels. Patients with A1C levels of 7% or more are at risk for severe nerve damage, kidney failure, loss of vision, as well as life-threatening conditions like stroke and heart disease.

We are anticipating that 1000 participants will come out and support this event. Since online registration opened, the response has been overwhelming. If your company chooses to support our 19th Annual event, you will be a key partner in our efforts to expand the Food Farmacy Program to include a kitchen area for cooking demonstrations and an exercise room at Strawberry and Acres Home Ambulatory Centers and LBJ Hospital.

Please help us to help those in our community to once again live a healthier life. Your sponsorship to help expand this much needed program would certainly be appreciated.

Warmest regards,



Jeffrey W. Baker
Executive Director
HCHD Foundation



Carolyn Amos
Operations Manager
HCHD Foundation



19th Annual
Saturday, February 5, 2022
1115 MacGregor Way, Houston, TX 77030

IN-KIND COMMUNITY SPONSOR - \$500

- Corporate logo displayed on race day t-shirt
- PA Announcements- Company recognition during public address announcements
- Race Site Signage – Company name displayed on banner and along race route during the race
- Website- company logo and link included on www.HCHDFoundation.org
- Social Media- dedicated “thank you” post on Facebook and Twitter

Ways to become a 2022 TexasMedRun Vendor:

- Visit hchfoundation.org/2022texasmedrun for online registration
- Mail attached form (pg. 3) to HCHD Foundation
- Email form (pg. 3) to Carolyn.Amos@harrishealh.org

IN KIND SPONSORSHIP FORM

Company Name _____
(As you would like to appear in written materials)

Address _____
(to send receipt) Street Address City State Zip

Contact Name: _____

Phone: _____ Email: _____

Items Contributed: _____

Valued at: _____

Item Acquisition:

Item will be delivered (please make delivery arrangements with the Foundation office)

Item needs to be picked up at:

Name: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Do you have a logo?

Yes, I will send my logo to veronica.washington2@harrishealth.org. (.jpg .gif .tif)

No, I will not be submitting a logo. Please list donor name as shown above.

No, I want my donation to be anonymous. I decline all benefits that use a donor logo or name.

Additional information for those who will join us the day of event:

Do you need a tent? _____

Do you have staff to attend event? _____

Do you have your own signage for the tent? _____