



Dear _____ :
[Sponsor Name]

From Monday, February 13th to Monday, February 20th, 2023, I will be participating in Miles for Mainspring, a 7-Day Virtual Step Challenge to raise awareness for Mainspring Academy, a not-for-profit 501c(3) special education school in Southside Jacksonville. I hope that you will support my walk by making a donation to the school. My goal is to walk 10,000 steps a day for all 7 days. You can pledge by the day, or make a single donation towards my personal fundraising goal of \$ _____.

The purpose of the step challenge is to raise funds so that Mainspring can provide an adaptive physical education program to its 50 students by August 2023. Clinical research has shown adaptive PE has helped students with autism and other intellectual and developmental diagnoses improve in the areas of motivation, motor development, and emotional regulation. Since 2015, Mainspring Academy has served a community of students who are often missed, with lifelong intellectual and developmental diagnoses, including autism, Down syndrome, cerebral palsy, and other severe learning and behavioral differences. Their mission is to provide quality, individualized education in a safe learning environment where special education students can thrive. For many students, Mainspring Academy is the only school that is willing and able to meet their needs and give them the opportunity to reach their fullest potential.

If you would like to sponsor me by making a pledge, please fill out the enclosed form and return it to me or Mainspring Academy by Tuesday, January 31, 2023. All sponsorships are 100% tax-deductible.

Thank you for your kind consideration. If you have any questions about Miles for Mainspring, or would like to learn more about Mainspring Academy, please contact the school at (904) 503-0344 or visit their website at www.mainspringacademy.org.

Tax ID: 47-3046264

Respectfully,

[Participant Signature]

[Participant Name]



Miles for Mainspring Sponsor Information

Name _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

I (we) will donate the following amount per day of the 7-day challenge :
\$ _____ . My total donation will be \$ _____ .

I (we) will make a single donation of :
 \$50 \$100 \$250 \$500 \$1000 Other \$ _____

Method of Payment: Cash Credit Card Check*

*Checks must be made payable to Mainspring Academy. If donating by mail, please address to: ATTN: Community Affairs, 6700 Southpoint Pkwy, Suite 400, Jacksonville, FL, 32216.

Donation form on website:
<https://www.mainspringacademy.org/support-mainspring/donation-form/>

Credit Card Type: Visa Mastercard American Express Discover

Name on Card _____ Expiration Date _____

Card Number _____

Billing Address _____

**Please return forms and payments to Mainspring Academy by
Tuesday, January 31, 2023
Thank you for your generosity and support!**