

Annual Walk & Family Picnic - July 18, 2026

The Annual Walk & Family Picnic is Smile Oregon’s largest and most anticipated gathering, uniting children impacted by craniofacial conditions, their families, and the wider community for a day of celebration, connection, and support. Families enjoy food, games, and friendship while young people take the lead in sharing their stories and building understanding.

Sponsorship of this event is an investment in community. Partners who support the Walk help create an environment where families feel seen and supported, where kids can step into leadership, and where the broader community learns empathy and inclusion. It’s a meaningful way to align your brand with joy, resilience, and shared purpose.

Overview

300+ guests attend each year

Participants include families, providers, donors, volunteers and community members from Oregon & SW Washington.

Signature community gathering, uniting kids, siblings, parents and supporters from across the state

Offers meaningful brand visibility

2026 Walk Sponsorship Opportunities

Your sponsorship helps create moments of joy, connection, and leadership for children impacted by craniofacial differences and their families.

	Presenting	Gold	Silver	Bronze
BENEFITS AND COST	\$5,000	\$2,500	\$1,000	\$500
Event Naming Opportunity Example: Smile Oregon Annual Walk & Family Picnic Presented by YOUR NAME	√			
Opportunity to address attendees at time of welcome	√			
Company logo prominently placed at balloon arch	√	√		
Opportunity to provide company-provided swag item to attendees at Walk	√	√		
Logo included on Smile Oregon Walk swag item	√	√	√	
Logo printed on all digital promotional material including social media, email marketing, and event website.	√	√	√	√
Vendor table at event	√	√	√	√



smile
OREGON

2026 Smile Oregon Walk Sponsorship Commitment Form

Yes! We are proud to sponsor Smile Oregon in 2026.

Annual Walk & Family Picnic - July 18, 2026

\$5,000 Presenting Sponsor

\$1,000 Silver Sponsor

\$2,500 Gold Sponsor

\$500 Bronze Sponsor

Sponsor Information

Company Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Payment Information

Sponsorship Amount: \$ _____

Payment included with form

Credit card online

Please send an invoice

Please contact me.



Sponsor Online

Please Send Completed Form To: PO Box 23967, Portland, OR 97281

For Questions Contact: Erica Soto, Executive Director at ericas@smileoregon.org