



SPONSOR NAME / BUSINESS OR INDIVIDUAL, AS YOU WOULD LIKE IT TO APPEAR IN WRITTEN MATERIALS

CONTACT NAME

ADDRESS

PHONE

FAX

EMAIL

**SPONSORSHIP LEVEL**

- Emerald Sponsor / \$50,000
- Ruby Sponsor / \$40,000
- Pearl Sponsor / \$30,000
- Tanzanite Sponsor / \$20,000

- Amethyst Sponsor / \$10,000
- Garnet Sponsor / \$5,000
- Opal Sponsor / \$2,500

- Topaz Sponsor / \$1,500
- Honor a Veteran / \$500
- Gala Ticket / \$250

**GUEST NAMES**

- If not included here, please forward guest names by April 9, 2019.
- Tickets will not be distributed for this event. Reservations will be noted and guest names included on a guest list at the door.


**AGREEMENT**

I/We agree to this sponsorship and recognize the benefits of support. I/We understand the fulfillment of benefits is dependent on my/our timely submission of company logos, website links and other materials, as required.

SIGNATURE

PRINTED NAME

DATE

**PAYMENT TYPES**

- Check enclosed for \$ \_\_\_\_\_. (payable to National Hospice Foundation)
- Please charge \$ \_\_\_\_\_ to my credit card.     VISA     MASTERCARD     AMEX

NAME ON CARD

CARD NUMBER

EXP. DATE

AUTHORIZED SIGNATURE

CVV NUMBER

**Please return this form with payment to:**  
National Hospice Gala / PO Box 824401, Philadelphia, PA 19182-4401 / fax (703) 837-1233

**You may also submit to Emily Van Etten at**  
[evanetten@nhpco.org](mailto:evanetten@nhpco.org) / direct (703) 647-5165

**REPLY DEADLINES**  
To receive maximum pre-event promotion and exposure, please check all deadlines included in your benefits. Call today to reserve your customized sponsorship opportunity.