



SPONSORSHIP OPPORTUNITIES



Sponsor Level	Benefits
<input type="checkbox"/> \$25,000 Presenting Sponsor	<ul style="list-style-type: none"> • Up to 16 Benefactor tickets for the event • Up to 8 Benefactor Party tickets • Name or logo on all print and electronic communications including invitations, e-blasts and social media posts as presenting sponsor • Recognition on the event registration webpage • Name or logo on printed “thank you” messages • Name or logo displayed prominently at the event • Special introduction at the event as presenting sponsor • Recognition in Arbor Hospice’s newsletter
<input type="checkbox"/> \$10,000 Gold Sponsor	<ul style="list-style-type: none"> • Up to 8 Benefactor tickets for the event • Up to 4 Benefactor Party tickets • Name or logo on all print and electronic communications including invitations, e-blasts and social media posts • Recognition on the event registration webpage • Name or logo displayed at the event
<input type="checkbox"/> \$5,000 Silver Sponsor	<ul style="list-style-type: none"> • Up to 8 Benefactor tickets for the event • Up to 4 Benefactor Party tickets • Name or logo on all print and electronic communications including invitations, e-blasts and social media posts • Recognition on the event registration webpage • Name or logo displayed at the event
<input type="checkbox"/> \$3,500 Live Auction Sponsor <input type="checkbox"/> \$3,500 Benefactor Party Sponsor <input type="checkbox"/> \$3,500 Pre-Glow Sponsor <input type="checkbox"/> \$3,500 Entertainment Sponsor <input type="checkbox"/> \$3,500 Bar Sponsor	<ul style="list-style-type: none"> • Up to 4 Benefactor tickets for the event • Up to 2 Benefactor Party tickets • Name or logo on all print and electronic communications including invitations, e-blasts and social media posts • Recognition on the event registration webpage • Name or logo displayed at the events sponsored area
<input type="checkbox"/> \$2,500 Silent Auction Sponsor <input type="checkbox"/> \$2,500 Valet/Coat Sponsor <input type="checkbox"/> \$2,500 Raffle Sponsor	<ul style="list-style-type: none"> • Up to 4 Benefactor tickets for the event • Up to 2 Benefactor Party tickets • Name or logo on all print and electronic communications including invitations, e-blasts and social media posts • Recognition on the event registration webpage • Name or logo displayed at the events sponsored area
<input type="checkbox"/> \$3,500 Benefactor Table Sponsor	<ul style="list-style-type: none"> • Up to 8 Benefactor tickets for the event • 2 Benefactor Party tickets • Name or Logo on print and electronic communications including invitations, e-blasts and social media posts
<input type="checkbox"/> \$2,500 Patron Table Sponsor	<ul style="list-style-type: none"> • Up to 8 Patron tickets for the event • Name or Logo on print and electronic communications including invitations, e-blasts and social media posts



Dedicated Giving Donations	Information and Benefits
<input type="checkbox"/> \$5,000 Donation <input type="checkbox"/> \$2,500 Donation <input type="checkbox"/> \$1,000 Donation <input type="checkbox"/> \$500 Donation <input type="checkbox"/> \$250 Donation <input type="checkbox"/> I am unable to participate as a sponsor, however please accept my contribution of \$_____	Dedicated giving donations directly support essential Arbor Hospice programs including: <ul style="list-style-type: none"> • Pediatric hospice • Grief support services • Uncompensated and charity care • Complementary (pet, massage and music) therapies Benefits (<i>donations \$250 and above</i>): <ul style="list-style-type: none"> • 100% tax-deductible as permitted by law • Recognition in Arbor Hospice's newsletter • Name recognized at the event • Recognition on event web page (<i>Donations do not include tickets to the event</i>)

CONTRIBUTION INFORMATION

PLEASE LIST MY NAME / ORGANIZATION AS FOLLOWS

Name: _____ Company _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax _____ Email _____

Alternative Contact _____ Phone _____

Name(s) as you want it listed for recognition (if applicable) _____

PAYMENT INFORMATION

Check payable to **The Arbor Hospice Foundation** ~ or ~ MasterCard Visa American Express

Name on credit card: _____

Card Number: _____ CVV Code _____ Exp. Date: ____/____

Contribution \$ _____ Signature: _____

Responses

- **Mail** completed form to:
Arbor Hospice Foundation, c/o 2017 Savour the Journey, 2366 Oak Valley Dr., Ann Arbor, MI 48103
- **Email** this completed form to: pbarker@arborhospice.org
- **Questions?** Contact Paul Barker at 734 794 5120 or pbarker@arborhospice.org

Arbor Hospice is a 501(c)(3) nonprofit organization | Thank you for your support of the Arbor Hospice Foundation!