



SPONSORSHIP OPPORTUNITIES

JACK POT SPONSOR ***\$10,000***

- Reserved table for twelve (includes cocktails, dining and dancing)
- Recognition on all paid advertising, marketing and PR materials, including name and logo on invitation
- Prominently placed inside cover, full-page advertisement in the Gala program
- Special recognition at the Gala
- Recognition on Hospice of Queen Anne's website

ROYAL FLUSH SPONSOR ***\$5,000***

- Reserved table for ten (includes cocktails, dining, and dancing)
- Prominently placed full-page advertisement in the Gala program
- Name and logo on invitation
- Recognition at the Gala

FULL HOUSE SPONSOR ***\$2,500***

- Reserved table for eight (includes cocktails, dining, and dancing)
- Sponsor name listed in the Gala program
- Recognition at the Gala

COCKTAIL SPONSOR ***\$1,500***

- Four tickets (includes cocktails, dining, and dancing)
- Sponsor name listed in the Gala program and signage at cocktail reception
- Recognition at the Gala

TWO OF A KIND SPONSOR ***\$1,000***

- Two tickets (includes cocktails, dining, and dancing)
- Sponsor name listed in the Gala program
- Recognition at the Gala

DEALER'S CHOICE SPONSOR

- Unable to attend Gala but would like to support Hospice of Queen Anne's

*For additional information, please call Kenda Leager, Development Officer,
443-262-4106, kleager@hospiceofqueenannes.org*



SPONSORSHIP FORM

CONTACT INFORMATION (Please print)

Full Name _____

Title _____

Organization _____

Mailing Address _____

E-Mail _____

Telephone _____

SPONSORSHIP LEVELS/TICKETS

- | | | | | | |
|--------------------------|-----------------------------|----------|--------------------------|-------------------------|----------|
| <input type="checkbox"/> | Jackpot Sponsor | \$10,000 | <input type="checkbox"/> | Two of A Kind Sponsor | \$ 1,000 |
| <input type="checkbox"/> | Royal Flush Sponsor | \$ 5,000 | <input type="checkbox"/> | Cocktail Sponsor | \$ 1,500 |
| <input type="checkbox"/> | Full House Sponsor | \$ 2,500 | <input type="checkbox"/> | Dealer's Choice Sponsor | \$_____ |
| <input type="checkbox"/> | Tickets _____ x \$150 _____ | | | | |

PAYMENT INFORMATION

- Check made payable to *Hospice of Queen Anne's* is enclosed.
- Credit card: Visa MasterCard Discover
 American Express
- Name on card _____
- Card number _____
- Exp Date _____ Security Code _____
- Amount to be charged _____
- Authorized signature _____

*Return completed sponsorship form and payment in enclosed envelope.
 Payments by credit card may be faxed to 410-758-5471.
 For additional information, please call Kenda Leager, Development Officer,
 443-262-4106, kleager@hospiceofqueenannes.org*