

HOPS FOR HOSPICE

2020 Sponsorship Opportunities

All sponsorship levels come with the satisfaction you are helping make someone's final moments matter by providing comfort, hope and dignity. Thank you for your consideration.

- COMFORT SPONSOR** **\$10,000**
Includes 10 tickets to virtual Hops event
Company logo/name included on invitation, digital communications, printed program and on digital screens during virtual event
Prominent recognition during the evening
Receive permanent "brick" or appropriate recognition level on donor wall
\$9,750 of your gift is tax deductible as prescribed by law
- DIGNITY SPONSOR** **\$5,000**
Includes 8 tickets to virtual Hops event
Company logo/name included in digital communications, printed program and on digital screens during virtual event
Prominent recognition during the evening | Recognized on annual donor wall
\$4,800 of your gift is tax deductible as prescribed by law
- COMPASSION SPONSOR** **\$2,500**
Includes 6 tickets to virtual Hops event
Program recognition | Recognized on annual donor wall
\$2,350 of your gift is tax deductible as prescribed by law
- HOPE SPONSOR** **\$1,000**
Includes 4 tickets to virtual Hops event
Program recognition | Recognized on annual donor wall
\$900 of your gift is tax deductible as prescribed by law
- PEACE CLUB**
I would like to purchase _____ reserved seats at \$75 each.
\$50 of each seat is tax deductible as prescribed by law
- I am not able to attend, but want to support the event. Enclosed is my contribution.
Contribution amount: _____ (Entire gift is tax deductible to the fullest extent of the law.)

RECOGNITION

Hope level (\$1,000) and above will be recognized in the program if received by Sept. 10, 2020.

Name as you would like it listed: _____

Support given in memory or in honor of will be recognized in the program if received by Sept. 10, 2020.

In memory of: _____ In honor of: _____

**YOUR SUPPORT
IS NEEDED
NOW MORE
THAN EVER.**

To learn more about
Hops for Hospice,
or ways to sponsor, visit
hopsforhospicedsm.com



CONTRIBUTION & PLEDGE FORM

To make your gift online, visit hopsforhospicedsm.com.

Organization - if applicable (for tax purposes)

Contact Person (for tax purposes)

Address

City/State/Zip

Email

Phone

AMOUNT ENCLOSED \$ _____ I PLEDGE \$ _____ TO BE PAID BY SEPTEMBER 10, 2020.

PAYMENT OPTIONS

Please charge my sponsorship to: Mastercard Visa Discover

Name (if different than above)

Signature

Credit Card #

Code

Expiration Date

Enclosed is my check, payable to Hops for Hospice

Please return this pledge form to the UnityPoint Health - Des Moines Foundation.

Please complete the following:

Name(s) or Organization (as you want it printed on sponsorship materials)



UnityPoint Hospice