

"ROAD TO RESPITE" GALA SPONSORSHIP FORM

The mission of the Visiting Nurses Foundation is to create funding for education and assistance of Home Health and Hospice patients and their families.

Organization: _____

Contact name: _____

Contact email: _____

Contact phone number: _____

Signature Sponsor Level: \$5000

- VIP Table for 8
- Company name and logo on all event materials.
- Company name and logo prominently displayed at event.
- Full page ad in event booklet.
- 5 social media mentions as Signature Sponsor of the event.
- Recognition in event booklet.

Event Sponsor Level: \$2500

- VIP Table for 8
- Company name and logo prominently displayed at event.
- 1/2 page ad in event booklet.
- 3 social media mentions as Event Sponsor of the event.
- Recognition in event booklet.

Corporate Sponsor Level: \$1000

- Table for 8
- Company name and logo displayed day of event.
- Recognition in event booklet.

Table Sponsor: \$800

- Table for 8

Individual tickets can be purchased for \$100

Please send this form to the Visiting Nurses Foundation Office by mail, email or fax. If paying by check, make checks payable to: Visiting Nurses Foundation

222 S. Pearl Street Centralia, WA 98531.

FAX: (360) 623-1563 PHONE: (360) 623-1560

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