

## 2019 Annual Corporate Sponsorship

Yes! I would like to support Hospice as a Corporate Sponsor at the level of:

Premiere (\$5,000)    Bronze (\$500)  
 Gold (\$2,500)    Event (\$250)  
 Silver (\$1,000)

### Company Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Web Address: \_\_\_\_\_

### Payment Information

I would like to pay for my sponsorship:

In Full (1 payment)    Quarterly (4 payments)    Monthly (12 payments)

Payment Method:  Invoice Me    Check (payable to Hospice SLV)    Credit Card

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

#### **Please Return Completed Form to**

Hospice and Palliative Care of St. Lawrence Valley  
C/O: Kellie Hitchman  
6805 US Highway 11, Potsdam, NY 13676  
Or Fax to: (315) 265-0323

#### **For More Information**

Call: (315) 265-3105  
Or email: [khitchman@hospiceslv.org](mailto:khitchman@hospiceslv.org)  
Visit [www.hospiceslv.org](http://www.hospiceslv.org) for updates on  
all Hospice's Special Events

