

## Pulling for Hospice Sponsorship Opportunities

Sponsorship	Placements		
<u>Naming Sponsor (Limit 1)</u> Investment: \$7,500	<ul> <li>Web and Social Media Event Page — Logo/Link</li> <li>Printed Materials — Presented by Logo</li> <li>One team of 10</li> <li>Event Announcements – "Presented by"</li> <li>Radio On-Air Mentions – "Presented by"</li> <li>TV On-Air Mentions – "Presented by"</li> <li>Billboard – Logo</li> <li>Sponsor-provided banner placement at event</li> <li>Sponsor-provided promo items</li> </ul>		
Presenting Sponsor Investment: \$4,000	<ul> <li>Web and Social Media Event Page — Logo/Link</li> <li>Printed Materials — Logo</li> <li>One team of 10</li> <li>Event Announcements – Sponsor Recognition</li> <li>Billboard Advertising – Logo</li> <li>Sponsor-provided banner placement at event</li> <li>Sponsor-provided promo items</li> </ul>		
Gold Sponsor Investment: \$1,500	<ul> <li>Web and Social Media Event Page — Logo</li> <li>Printed Materials — Logo</li> <li>One team of 10</li> <li>Event Announcements – Sponsor Recognition</li> <li>Sponsor-provided banner placement at event</li> <li>Sponsor-provided promo items</li> </ul>		
<u>Silver Sponsor</u> Investment: \$1,000	<ul> <li>Web and Social Media Event Page — Name</li> <li>Printed Materials — Name</li> <li>One team of 10</li> <li>Sponsor-provided promo items</li> </ul>		
Bronze Sponsor Investment: \$500	<ul> <li>Web and Social Media Event Page — Name</li> <li>Printed Materials — Name</li> <li>Sponsor-provided promo items</li> </ul>		
Pig Lane Sponsors (4) Investment: \$125	<ul> <li>Pig Race Backstop – Logo</li> <li>Rack Pig "Silks" - Logo</li> <li>Sponsor-provided promo items</li> </ul>		

Pulling for Hospice 2023 Sponsorship Pledge Agreement			
Company:			
Contact Name:			
Address:			
City, State, Zip:			
Phone:	_Email:		
Sponsorship Level \$			
Payment Method			
Online: beloithealthsystem.or	rg/pullingforhospice		
Check: (Made Payable to Bel	loit Regional Hospice)		
Please Invoice			
VisaMastercard	American Express		
Charge my credit card for the followi	ing amount \$		
Card Number:	Exp	Security Code	
Name on Card:			
Billing Address:			
Signature:		Date	

Mail to attention: Lindsay Baumann Beloit Health System 1969 W. Hart Road Beloit, WI 53511 Lbaumann@beloithealthsystem.org