

# Pulling for Hospice 2026 Sponsorship Opportunities

Sponsorship	Placements
<p><u>Presenting Sponsor:</u> Investment: \$5,000</p>	<ul style="list-style-type: none"><li>• Web and Social Media Event Page- Logo</li><li>• Printed Materials- Logo</li><li>• One team of 10</li><li>• Sponsor sign at event- logo</li><li>• Premium Tent Team location</li><li>• Billboard- logo</li><li>• Radio On-air Mentions</li></ul>
<p><u>Premier Sponsor:</u> Investment: \$2,500</p>	<ul style="list-style-type: none"><li>• Web and Social Media Event Page- Logo</li><li>• Printed Materials- Logo</li><li>• One team of 10</li><li>• Sponsor sign at event- logo</li><li>• Premium Tent Team location</li><li>• Billboard- logo</li></ul>
<p><u>Platinum Sponsor:</u> Investment: \$1,500</p>	<ul style="list-style-type: none"><li>• Web and Social Media Event Page- Logo</li><li>• Printed Materials- Logo</li><li>• One team of 10</li><li>• Sponsor sign at event- logo</li><li>• Premium Team Tent location</li></ul>
<p><u>Gold Sponsor</u> Investment: \$1,000</p>	<ul style="list-style-type: none"><li>• Web and Social Media Event Page- Name</li><li>• Printed Materials- Logo</li><li>• One team of 10</li><li>• Sponsor sign at event- logo</li></ul>
<p><u>Silver Sponsor</u> Investment: \$500</p>	<ul style="list-style-type: none"><li>• Web and Social Media Event Page- Name</li><li>• Printed Materials- Name</li><li>• Sponsor sign at event- name</li></ul>

# Pulling for Hospice 2026 Sponsorship Pledge Agreement

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

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsorship Level \$ \_\_\_\_\_

Payment Method

Online: [beloithealthsystem.org/pullingforhospice](http://beloithealthsystem.org/pullingforhospice)

Check: (Made Payable to Beloit Regional Hospice)

Please Invoice

Visa  Mastercard  American Express

Charge my credit card for the following amount \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_ Security Code \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mail to attention: Kennedy Pruitt

Beloit Health System

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