

Hike for Hospice Foothills 2020 Sponsorship Opportunities

Sponsors have the choice to select from various levels of exposure and benefits for this event. The benefits are outlined in the five packages listed below:

Hike for Hospice	Summit Hiker	Scrambler	Backpacker	Day Hiker	Hitchhiker
Sponsorship Benefits	\$10,000	\$5,000	\$2,500	\$1,000	\$500
Featured logo placement on all marketing materials & website	٧				
Speaking opportunity at opening ceremonies	٧				
Sponsor supplied pull-up banner on event stage	٧				
Logo/Name on inflatable archway	٧	V	٧	√	V
Recognition in opening ceremonies	٧	٧	٧	٧	٧
Logo on signage displayed at the event	٧	٧			
Name on signage displayed at the event			٧	V	V
Logo on Hike website	٧	٧			
Name on Hike website			٧	٧	٧
Logo on scheduled eblasts pre/post Hike	٧	٧			
Name on scheduled eblasts pre/post Hike			٧	٧	٧
Logo on Hike t-shirt*	٧	٧			
Name on Hike t-shirt*			٧	V	V
Complementary Hiker Registrations	٧	٧	٧	√	٧
Recognition in Annual Report	٧	٧	٧	٧	٧
Social Media Mentions	٧	V	٧	٧	V

^{*} Commitment prior to April 15

Together, we can provide a compassionate end-of-life journey

We look forward to working with you

To customize sponsorship levels and benefits, please contact Stephanie Barnes at 403.995.473 or email funddevelopment@countryhospice.org

^{**}Commitment prior to April 1

COMMITMENT FORM

Please email completed form along with company logo by April 1, 2019 to hike@countryhospice.org

Company/Name:				
Contact:				
Phone #:				
Email:				
Mailing Address:				
City/Postal Code:				
PLEASE INDICATE Y	OUR SPONSORSHIF	LEVEL		
Summit Hiker \$10,000	O Day Hiker \$1,00	O Day Hiker \$1,000		
Scrambler \$5,000	◯ Hitchhiker \$500	◯ Hitchhiker \$500		
Backpacker \$2,500		Other Contact hike@countryhosipce.org to inquire about customizing select sponsor levels.		
PLEASE INDICATE YO	OUR METHOD OF PA	AYMENT		
○ Cheque	Credit Card #:	Credit Card #:		
○ Invoice	Name on Card:	Name on Card:		
Credit Card (Visa or MC)	Expiry Date:	CVC:		
As valued friends, Foothills Country Hospice requests y Innouncements from our organization. Your consent is CASL). Please check the "I Consent" boxes below. You	s required to comply with the Canad			
○ I consent to receive the Foothills Country Hosp upcoming event information	pice Society e-newsletter containing	news, announcements and		
I consent to receive information about upcominitiatives	ing Foothills Country Hospice Societ	ry fundraising events and		