



SPONSORSHIP PLEDGE FORM

bridge to caring 2013

all gifts will be matched dollar for dollar
by a generous anonymous challenge grant

SPONSORSHIP LEVELS

- UNDERWRITER \$15,000 PATRON \$5,000 PACESETTER \$1,000
 CHAMPION \$10,000 ADVOCATE \$2,500 RESERVED \$500

PAYMENT ENCLOSED PAYMENT WILL BE SENT BY _____ (DATE)

PLEASE MAKE CHECKS PAYABLE TO PATHWAYS HOME HEALTH & HOSPICE

PLEASE CHARGE VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD # _____ SECURITY CODE _____ EXP DATE _____

ACCOUNT NAME _____ SIGNATURE _____

COMPANY/ORGANIZATION _____
NAME EXACTLY AS IT SHOULD APPEAR IN PUBLICATIONS AND ON LISTS

CONTACT PERSON _____ TITLE _____

STREET _____

CITY _____ STATE _____ ZIP _____ - _____

PHONE ____/____/____ FAX ____/____/____ E-MAIL _____

AUTHORIZING SIGNATURE _____

PRINT NAME & TITLE _____

MAIL FORM & CHECK TO: 585 NORTH MARY AVENUE, SUNNYVALE, CA 94085-2905 OR FAX FORM TO 408.730.1223
FOR MORE INFORMATION, CALL 800.753.3071 OR E-MAIL events@pathwayshealth.org

A NOT-FOR-PROFIT, COMMUNITY-BASED, 501(c)(3) ORGANIZATION – TAX ID #94-2823240



SPONSOR BENEFITS

bridge to caring 2013

complimentary seats for donations of

underwriter

\$15,000 15 reception seats or 8 dinner seats & preferred seating at talk

champion

\$10,000 12 reception seats or 6 dinner seats & preferred seating at talk

patron

\$5,000 8 reception seats or 4 dinner seats & preferred seating at talk

advocate

\$2,500 4 reception seats or 2 dinner seats & preferred seating at talk

pacesetter

\$1,000 3 seats at reception and talk

reserved

\$500 2 seats at reception and talk

community visibility

company name and logo in program

company name and logo on signage

company name and logo on pathways website event

listing on donor screen in all pathways offices

questions?

contact holly smith at (408) 773-4109 or hsmith@pathwayshealth.org