



## Hospice of the Rapidan Annual Gala

**Honoring Neil Mairs and Cindy Greene**

September 18, 2010 • 6–10 pm  
 The Joseph R. Daniel Technology Center  
 18121 Technology Drive, Culpeper

### SPONSORSHIPS

<b>DIAMOND</b>	Two tables for 10 near the podium, journal cover ad, recognition with logo and link on <i>Hospice of the Rapidan</i> website, at the event, in the journal, newsletter and event press kit, and spotlight in the annual report.	<b>\$25,000</b>
<b>PLATINUM</b>	Table for 10, full page journal ad with premium placement, recognition with logo and link on <i>Hospice of the Rapidan</i> website, at the event, in the journal, newsletter and event press kit.	<b>\$10,000</b>
<b>GOLD</b>	Table for 10, full page journal ad, recognition with logo and link on <i>Hospice of the Rapidan</i> website, at the event, in the journal, newsletter and event press kit.	<b>\$5,000</b>
<b>SILVER</b>	Table for 8, ½ page journal ad, recognition with logo and link on <i>Hospice of the Rapidan</i> website, at the event, in the journal, newsletter and event press kit.	<b>\$2,500</b>
<b>BRONZE</b>	4 tickets, ¼ page journal ad, recognition in the journal, at the event, in the newsletter and event press kit.	<b>\$1,000</b>
<b>FRIENDS</b>	2 tickets, recognition in the journal, at the event, in the newsletter and event press kit.	<b>\$500</b>

### SPONSORSHIP LISTING

- Please acknowledge my/our donation in the following name(s): \_\_\_\_\_  
 For individuals the preferred format is names without titles or prefixes, i.e., Mary & John Smith, Jane Doe, MD.
- I/we prefer to remain anonymous

### TICKETS & DONATIONS

**TICKETS:** \_\_\_\_\_ X \$150 = \$ \_\_\_\_\_

**DONATION:** I/we  wish to make a contribution in addition to purchasing tickets  
 cannot attend but wish to make a contribution \$ \_\_\_\_\_

**TOTAL SPONSORSHIPS, TICKETS AND DONATIONS:** \$ \_\_\_\_\_

**PAYMENT** All funds benefit *Hospice of the Rapidan*, a 501(c)(3) organization, and are tax deductible as permitted by the IRS.

- Check payable to *Hospice of the Rapidan* is enclosed.
- Please charge my/our credit card:  Visa  Mastercard  American Express
- Card #: \_\_\_\_\_ Card expires: \_\_\_\_\_
- Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

### CONTACT INFORMATION

Name: \_\_\_\_\_ Please send thank you to (if different):

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

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

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

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

Phone\*: \_\_\_\_\_

E-mail \_\_\_\_\_



Please mail or fax this form to *Hospice of the Rapidan*,  
 P. O. Box 1715, Culpeper, VA 22701 • 540.825.7752

**Questions?** Contact Nancy Walbridge-O'Connell at 540.825.4840 or [nwalbridge@hotr.org](mailto:nwalbridge@hotr.org)