

Signature:

Name:

Date:





Sponsorship Form

Please complete and return to Hospice Orillia, 169 Front Street S., Orillia, ON L3V 4S8 email: amanda@hospiceorillia.ca | fax: (705) 325-7328

CO	MPANY:	CONTACT PERSON:	
MAILING ADDRESS:		CITY: PC:	
TELEPHONE:		() - EXT:	
EM	AIL:	WEBSITE:	
SELECTION	LEVEL	DESCRIPTION	PRICE
	LOCATION	 Logo to be included on participant t-shirts. Logo and company name to be featured on day of event signage along the hike trail. Logo included on all event-related promotional materials. Recognition on both Hospice Orillia and Mariposa House Hospice social media platforms as an event sponsor with a link back to your website. Opportunity to set up information booth on day of event. 	SOLD BUILDING SUPPLIES
	COMPASSION	 Logo to be included on participant t-shirts. Logo and company name to be featured on day of event signage along hike trail. Logo included on all event related promotional materials. Recognition on both Hospice Orillia and Mariposa House Hospice social media platforms as an event sponsor with a link back to your website. Opportunity to set up information booth on day of event. 	\$1,000
	FRIEND	 Logo to be included on participant t-shirts. Logo included on all event related promotional materials. Recognition on both Hospice Orillia and Mariposa House Hospice social media platforms as an event sponsor. Day of event signage. 	\$500
		 Logo to be included on participant t-shirts. Logo included on all event related promotional materials. Recognition on both Hospice Orillia and Mariposa House Hospice social media platforms as an event sponsor. Day of event signage hat I have the authorization to enter into this agreement with Hospice Orillia and Mariposa House Hospice and that Hospice Orillia and Mariposa House Hospice has the per 	
organization to by March 1st, 2 0		for Hospice promotional purposes as outlined in the sponsorship package. Please email your logo jpeg or png format for best results on promotional materials. All logos mu	ust be received