



CELEBRATING 10 YEARS



10TH ANNUAL POKER RUN



Gulfside Hospice

COMMUNITY PARTNERS

Top 3 Reasons to Sponsor Gulfside Hospice:



Be a Business Hero Who Supports a Great Cause



Reward Your Clients



Reach Your NEW Customers

How Your Sponsorship Helps

\$15,000

Provides 60 days of expert nursing care for one patient in their home or assisted living facility.

\$10,000

Provides 1 week of hospice care in the patient's home or assisted living facility for 8 patients.

\$5,000

Provides 1 week of hospice care in the patient's home or assisted living facility for 4 patients.

\$2,500

Provides 1 week of hospice care in the patient's home or assisted living facility for 2 patients.

\$1,000

Provides 1 day of nursing care for a patient in a Gulfside Center for Hospice Care.



For more information contact Leesa Fryer
at leesa.fryer@gulfside.org or 727-845-5707.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER AFFAIRS BY CALLING TOLL-FREE WITHIN THE STATE (1-800-435-7352). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. RE. #CH61515.

Gulfside.org



Community Partners Commitment Form

<input type="checkbox"/> Circle of Caring	\$15,000	Company: _____
<input type="checkbox"/> Dove Partner	\$10,000	Contact Name: _____
<input type="checkbox"/> Butterfly Partner	\$5,000	Address: _____
<input type="checkbox"/> Angel Partner	\$2,500	City, ST, Zip: _____
<input type="checkbox"/> Caregiver Partner	\$1,000	Phone: _____

Commitment Period: _____ to _____
Month/Year Month/Year

Email: _____

Website: _____

Auth. Signature: _____

Mail completed form to: Gulfside Hospice • 2061 Collier Parkway • Land O' Lakes, FL 34639 • Attn: Philanthropy
or email to Leesa.Fryer@gulfside.org.

Payment Information

Flexible payment options are available. Please indicate your payment schedule choice below:

Please make checks payable to Gulfside Hospice. _____ payment(s) of \$ _____ each will be made on a Monthly / Quarterly / Annual basis.
(circle one)

☐ Check enclosed. ☐ Please send me an invoice. Credit Card: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Cardholder's Name (please print)	Card Number
Billing Address	Expiration Date Security Code
Zip	Signature Date

Please recognize our company as a sponsor of the following event(s):

☐ Charity Fashion Show ☐ Charity Festival of Arts ☐ Hittin' the Road for Hospice ☐ Paulie Palooza

Community Partner Benefits	Circle of Caring	Dove Partner	Butterfly Partner	Angel Partner	Caregiver Partner
Advertisement in event program (if applicable)	Full Page	Half Page	Half Page	Quarter Page	
Logo recognition on Gulfside website with backlink	•	•	•	•	•
Number of events to be recognized	All	3 - 4	2 - 3	1 - 3	1 - 2
Recognition on event website	Logo	Logo	Logo	Text	Text
Recognition on event T-shirt (if applicable)	Logo	Logo	Logo	Text	Text
Recognition in event email	Logo	Logo	Logo	Text	Text
Recognition on event banners (if applicable)	Logo	Logo	Logo	Text	Text
Recognition in event press releases	•	•	•	•	•
On-site display at event (if applicable)	•	•	•	•	•
Complimentary event registrations	•	•	•	•	•

I plan to use the complimentary event registrations included with my partnership. ☐ Yes ☐ No