



2025 Annual Celebration Sponsorship Agreement

Sponsor Information

Name of Sponsor: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Sponsor Details

- Visionary (\$10,000)
- Innovator (\$5,000)
- Champion (\$2,500)
- Sustainer (\$1,500)
- Advocate (\$1,000)
- Friend (\$750)
- Please contact me about matching gift opportunities
- We also plan to donate something to the Silent Auction.

For more information about sponsorships, please contact:

giving@emmanuelhospice.org
616.719.0919

Payment Details

- Enclosed is our check for \$_____
- Please send an invoice.

Signature: _____

Date: _____

Checks should be made payable to Emmanuel Hospice.

To pay with a credit card, please call or visit <http://emmanuelhospice.org/donate> then click donate, enter your sponsorship gift amount, and note “Annual Celebration – Sponsorship.”

Please scan and email completed form to giving@emmanuelhospice.org OR mail to:
401 Hall St SW, Suite 263
Grand Rapids, MI 49503.

Upon confirmation, Emmanuel Hospice will follow up to request logo, materials, and list of event attendees related to your sponsorship.