**TOMORROW’S HOPE**

**2016 TAX-DEDUCTIBLE SPONSORSHIP FORM**

All donations to Tomorrow’s Hope are used locally to support enhanced health care treatment and research in our area. Your financial assistance has a large local impact and benefits communities and individuals affected by

life-limiting illnesses. **PLEASE PRINT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YES! I want to help. I want to:**

[ ] Become a sponsor. **GREAT! – Please see the other side of this form to choose your sponsorship level.**

 **Also please email your company logo to** **info@tomorrowshope.org**

[ ] Make a general donation. Donation amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I would like to designate my donation or sponsorship dollars to the following Tomorrow’s Hope recipient(s):

***NOTE:*** *Selecting to designate your donation dollars is optional. If you do not choose where you want your money to go, your donation dollars will be granted to recipients as determined by the allocation committee.*

**Tomorrow’s Hope 2016 Authorized Grant Recipients**

**[ ]  105** Alzheimer’s Association of Southeastern Wisconsin [ ]  **130** Rainbow Hospice Care, Jefferson County

**[ ]  110** American Family Children’s Hospital, Madison [ ]  **135** Rock River Free Clinic, Jefferson

**[ ]  115** Children’s Hospital of Wisconsin, Milwaukee [ ]  **140** University of Wisconsin Carbone Cancer Center, Madison

**[ ]  120** Fort HealthCare, Fort Atkinson [ ]  **145** Watertown Regional Medical Center

**[ ]  125** Niemann-Pick Disease Foundation, Fort Atkinson [ ]  **150** Watertown Area Cares Free Clinic, Watertown

**Payment Options:**

[ ]  My check is enclosed. [ ]  I pledge to pay later. Please contact me to make payment arrangements.

[ ]  Please charge my credit card.

Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3-Digit Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return form with financial commitment to:** Tomorrow’s Hope, 147 W Rockwell Street, Jefferson WI 53549

 Fax: (920) 674-5288, Phone: (920) 674-8967

 FEDERAL ID #39-1945309

[ ]  **Please contact me – I would like to learn more about Tomorrow’s Hope.**

**USE A COPY OF THIS FORM AS YOUR INVOICE/RECEIPT**

**Hope Fest Sponsorship Opportunities**

***July 15 & 16, 2016***

**[ ]  5 Star Sponsor - $10,000**

*Be identified on website and Hope Fest signage as a Host for 3 events. Choose 3 events from Level A below.*

**[ ]  4 Star Sponsor - $5,000**

*Be identified on website and Hope Fest signage as a Host for 3 events/activities. Choose 1 from level A and 2 from level B below.*

**[ ]  3 Star Sponsor - $3,000**

*Be identified on website as a Host for 3 activities. Choose 3 from level B below.*

**[ ]  2 Star Sponsor - $2,000**

*Be identified on website as a Host for 2 activities. Choose 2 from level B below.*

**[ ]  1 Star Sponsor - $1,000**

*Be identified on website as a Host for 1 activity. Choose 1 from level B below.*

**[ ]  Special Contributor - $500**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sponsorship** **Benefits** | **5 Star** | **4 Star** | **3 Star** | **2 Star** | **1 Star** | **Special** **Contributor** |
| Name and logo appear on allevent t-shirts. | ● |  |  |  |  |  |
| Receive sponsor banner fordisplay at your business. | ● |  |  |  |  |  |
| Name and logo appear onHope Fest posters, signs, andbrochures. | ●**(All)** | ●**(Some)** |  |  |  |  |
| Be identified as a sponsor in media announcements. | ●**(All)** | ●**(Several)** | ●**(Several)** |  |  |  |
| Team entry includingcomplimentary t-shirts withcompany logo on back | ●**(60 shirts)****($600 value)** | ●**(45 shirts)****($450 value)** | ●**(30 shirts)****($300 value)** | ●**(15 shirts)****($150 value)** |  |  |
| Receive recognition on theTomorrow’s Hope website &social media sites. | ● | ● | ● | ● | ● |  |
| Identified at Hope Fest with signage and announcements.  | ● | ● | ● | ● | ● |  |
| Billing with logo in full-pagenewspaper thank you adafter Hope Fest. | ● | ● | ● | ● | ● | ●**(No Logo)** |

**LEVEL A:** [ ]  The Walk [ ]  Ride With a Buddy [ ]  Dirty Fit [ ]  Kid’s Fit

[ ]  Night Light Bicycle Ride

**LEVEL B:** [ ]  Remember Ceremony [ ]  Skydivers [ ]  Friday Night Fish Fry

[ ]  Survivor/Heroes Walk [ ]  Breakfast Bonanza [ ]  Candles of Hope

[ ]  Children’s Tent

[ ]  **I would like to donate an item for your Prize Tent. Please call me.**