



# SPONSORSHIP COMMITMENT FORM

**Email to** [admin@highpeakshospice.org](mailto:admin@highpeakshospice.org)  
**Mail to** High Peaks Hospice, 454 Glen Street, Glens Falls, NY 12081  
Questions? Call 518-891-0606

## SPONSOR INFORMATION

Company (as to be displayed) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Office PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## COMMITMENT LEVEL – PLEASE SELECT PROGRAM AND LEVEL (One from each column below)

Hospice Care Sponsor	Contributor \$500
Family Comfort Kit Sponsor	Bronze \$1,000
Admission Packet Sponsor	Silver \$2,500
Community Education Sponsor	Gold \$5,000
Bereavement Program Sponsor	

Total Commitment \$ \_\_\_\_\_ Amount to be provided as an in-kind donation \$ \_\_\_\_\_

Name (Please print) \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT INFORMATION

Check enclosed (payable to High Peaks Hospice, 454 Glen St., Glens Falls, NY 12801)

Please invoice me (payment terms, net 30 days)

Billing Contact name \_\_\_\_\_ Billing Phone \_\_\_\_\_

Credit Card (American Express/Visa/Mastercard/Discover)

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Please charge my credit card in equal monthly installment payments.

Payment Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your support of our organization and programs!**

**[www.highpeakshospice.org](http://www.highpeakshospice.org)**