



SPONSORSHIP COMMITMENT FORM

Email to admin@highpeakshospice.org
Mail to High Peaks Hospice, 1247 Dix Ave, Hudson Falls, NY 12839
Questions? Call 518-891-0606

SPONSOR INFORMATION

Company (as to be displayed) _____

Contact Name _____

Address _____

City/State/ZIP _____

Office PH: _____ Cell: _____

Email: _____ Website: _____

COMMITMENT LEVEL

Gold \$5000

Silver \$2,500

Bronze \$1,000

Contributor \$500

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

Name (Please print) _____ Title _____

Authorized Signature _____ Date _____

PAYMENT METHOD

Check enclosed (payable to High Peaks Hospice)

OR

Please invoice me to pay by check or credit card (payment terms, net 30 days)

Billing Contact Name _____

Billing Phone _____

Billing Email _____

Thank you for your support of our organization and programs!

www.highpeakshospice.org