

CELEBRATING  
**35** YEARS  
Hospice & Community Care

# CARE-A-THON

CELEBRATING THE CARE IN HOSPICE CARE

**35 YEARS**

*Proudly serving as our  
community's most trusted  
hospice provider since 1985*

**35 DAYS OF CARE**

*Giving our patients  
and their families  
more quality days*

**35 FAMILIES**

*Ensuring that everyone  
has access to high  
quality end-of-life care*

## One gift to make a difference

We invite you to join our network of caring community partners whose philanthropic support helps us ensure that local patients and their families have access to quality end-of-life care.

Celebrating 35 years of caring for our community throughout the month of October, we are proud to offer several opportunities for your company to join this special celebration (Page 2).

**OUR GOAL: \$35,000**

# CARE OPPORTUNITIES

 Hospice & Community Care



	\$10,000	\$5,000	\$2,500	\$1,000
Prominent placement of company logo on event homepage	✓			
Invitation to private donor reception	✓			
Company name included in event kickoff communications	✓			
Facebook LIVE opportunity	✓	✓		
Recognition in event promo collateral	✓	✓		
Unique recognition in social media posts	1x/week	2x/month	1x	
Company logo/name listed in HCC annual report	✓	✓	✓	
Individual company logo/name on event website	✓	✓	✓	
Listing of all sponsors on event website	✓	✓	✓	✓
Invitation to annual Lights of Love ceremony	✓	✓	✓	✓
Acknowledgment in event follow up	✓	✓	✓	✓

For more information, please contact Sara Blanche, Chief Growth Officer at [sblanche@hospicecommunitycare.org](mailto:sblanche@hospicecommunitycare.org) or 803-329-1500. Please complete this form and return to Hospice & Community Care at P.O. Box 993, Rock Hill, SC 29731 by September 29, 2021.

COMPANY

CONTACT NAME

COMPANY ADDRESS

CITY / STATE / ZIP

CONTACT PHONE NUMBER

CONTACT E-MAIL ADDRESS

SPONSORSHIP AMOUNT

- ☐ I am enclosing my gift today.  
Please make all checks out to Hospice & Community Care.
- ☐ Please send me an invoice to the address listed to the left.
- ☐ I would like my credit card billed. Please contact me to make these arrangements.

☐ I have made my donation online by visiting [www.hospicecommunitycare.org/give-back](http://www.hospicecommunitycare.org/give-back).

