

JOIN US March 16 - 17, 2023

2023	
Sponsor	Benefits

Presenting \$30,000

Bouquet \$10,000 Blossom \$6,000

Sprout \$4,000

Bulb \$2,000

Your organization's logo on the sponsor recognition	on flyer
(mailed to over 13,000 businesses and individual	s)

With highest prominence





Mention in an Albuquerque Journal sponsor thank you print advertisement

With highest prominence With highest prominence









Your organization's logo on all event posters









Invitation to sponsor appreciation luncheon Opportunity to tour the Presbyterian Robert Wertheim Hospice House

(contingent on visitation restrictions)











Opportunity for your employees to volunteer at Daffodil Days











Organization logo on volunteer t-shirts

Event social media image for use on company sites

Delivery of daffodil arrangements to your office or your

clients/customers with enclosure noting your company's generosity









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Distribution of your business coupons at Daffodil Days pop up shops sponsor provides

pop up shop print advertisement

Organization logo on Albuquerque Journal

Sponsor recognition on Presbyterian intranet



With highest prominence





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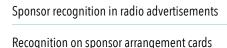












Organization logo on daffodil bunch sleeves

Recognition at the annual sponsor thank you luncheon

















Sole logo presence on multiple billboards across the Albuquerque metro area

200 daffodil bunches with enclosure cards delivered to facility/program of your choice



A PRESBYTERIAN

Healthcare Foundation



# Sponsor Agreement

## COMPANY INFORMATION

Company/Donor Name:

(As it should appear on printed materials)

Contact Name:

Address:

City:

State:

ZIP:

**Email Address:** 

Daytime Phone:

Website:

CHOOSE YOUR LEVEL (check one)

**BOUQUET LEVEL \$10,000** 

Tax Receipt Amount – \$8,100

BLOSSOM LEVEL \$6.000

Tax Receipt Amount – \$5,100

SPROUT LEVEL \$4,000

Tax Receipt Amount – \$3,850

**BULB LEVEL \$2,000** 

Tax Receipt Amount – \$2,000

### PAYMENT INFORMATION

Please make checks payable to: Presbyterian Healthcare Foundation

Please charge my:

**VISA** 

Please accept my check

MasterCard **American Express** 

Discover

Please bill me on this date:

Card Number:

Exp. Date:

V-Code (Last 3-4 digits in signature block):

Signature:

Date:

### UNABLE TO SPONSOR?

Please consider making a 100% tax-deductible contribution!

I am/We are unable to sponsor, but wish to make a tax-deductible donation of \$ to support Presbyterian Robert Wertheim Hospice House.

#### PLEASE COMPLETE AND RETURN THIS FORM

Email to: cbrewster@phs.org | Mail to: Presbyterian Healthcare Foundation P.O. Box 26666, Albuquerque, NM 87125-6666

For additional information, contact Carrie B. Moritomo at (505) 724-6574.

Commitment must be received by December 2, 2022 for inclusion on materials. Payment is due by January 30, 2023.