

Daffodil Days

For the Presbyterian
Robert Wertheim Hospice House



Sponsor Benefits

JOIN US MARCH 27 – 28

	Presenting *30k	Bouquet \$15k	Bloom \$10k	Petal \$7.5k	Sprout *5k	Bulb \$2.5k
Recognition on event website including a link to your company's website		***	*	***	*	Listing Only
Organization's logo on Pre-Order direct mailer (8000+ businesses and individuals)	3	*	**		**	Listing Only
Exclusive invitation to kick off event and appreciation luncheon		*		*		
Opportunity to tour the Presbyterian Robert Wertheim Hospice House*			*		*	*
Opportunity for your employees to volunteer at Daffodil Days		*	*	**		*
Company logo on volunteer shirts		*	*	*		Listing Only
nclusion in Albuquerque Journal sponsor thank you print ad	*	*	*	*	*	Listing Only
Event social media image for use on company sites	Custom	Custom	S Custom	*	*	*
Distribution of business coupons or offers at Daffodil Days Pop Up Shops (sponsor provides)		*	*			
Sponsor recognition on Presbyterian intranet (13,000+ employees)	**	*	**	Listing Only	Listing Only	Listing Only
Delivery of arrangements to your clients/customers or patient with enclosure noting company's generosity	ॐ x 40	% x 30	x 20	x 10	x 10	
Pay It Forward flowers to patients noting company's generosity	× 500	× x 300	x 200	x 100		
Recognition on Presbyterian Healthcare Foundation social media	Custom	S Custom	3 Joint	3 Joint	_	
Pay It Forward arrangements to staff noting company's generosity	x 10 Large	x 10 Small	x 5 Small		-	
nclusion in Albuquerque Journal Pre-Order ad			*			
nclusion in Albuquerque Journal Pop Up Shop ad		*			A PRESENTATION AND ADDRESS OF THE PARTY NO. OF THE PARTY NO. OF THE PARTY NO.	to You
ogo Inclusion on bunch cello sleeves		*				AL 1111
ogo Inclusion on arrangement cards	*					
ogo Inclusion on Event Email Correspondence	***	*			TTE	
Sponsor Recognition in radio advertisements	***	*				
ogo inclusion on television spots**	**	***			1 3	111

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2025 Sponsor Agreement Commitment due by December 1, 2024

for inclusion on materials.

CONTACT INFORMATION

Company/Donor Name:

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Contact Name:							
Address:							
City:			State:				
Email Address:			Daytime Phone:				
Website:							
CHOOSE YOU	R LE	/EL (check on	e - Payment due January	y 26, 2025.)			
BOUQUET \$15, Tax Receipt Amount \$			OM \$12,500 ot Amount \$		BLOOM \$10,000 Tax Receipt Amount \$8,950		
PETAL \$7,500 Tax Receipt Amount \$	6,911		JT \$5,000 ot Amount \$4,794	BULB \$2,500 Tax Receipt Amount \$2,500			
I'm interested in bei	ng a Pre	-Order Partnei	r, too!				
UNABLE TO SPONS	OR? Ple	ease consider ma	king a 100% tax-deducti	ible contributior	n!		
I am/We are unable \$	-		o make a tax-deductil oyterian Robert Wert				
PAYMENT INF	ORM	ATION					
Please bill me on th	is date:						
Please accept my ch	neck Mak	ce check payable	to: Presbyterian Healtho	care Foundation			
Please charge my:	VISA	MasterCard	American Express	Discover			
Card Number:			Exp. Date:		V-Code:		
Name on Card:							
Signature:			Date:				