Supporter of Hospice
Application Form

Business Name ....

Contact Person ....

Address ....

Phone ....

Email ....

Website ....

Please indicate your supporter level:

BRONZE $250 / year	SILVER $500 / year	GOLD $1,000 / year	PLATINUM $2,000 + / year
Thank you card on sign up with tax receipt	Thank you card on sign up with tax receipt	Thank you card on sign up with tax receipt	Thank you card on sign up with tax receipt
Bronze supporter logo (digital format)	Silver supporter logo (digital format) and sticker for display	Gold supporter logo (digital format) and sticker for display	Platinum supporter logo (digital format) and sticker for display
Named on Hospice Partnership webpage	Named on Hospice Partnership webpage	Newsletter subscription	Newsletter subscription
Newsletter subscription	Newsletter subscription	Logo on the Hospice website	Logo on the website + scrolling logo on Hospice homepage
Subscription renewal letter and invoice each year	1 x social media post highlighting partnership	2 x social media post highlighting partnership	3 x social media post highlighting partnership
	Subscription renewal letter and invoice each year	Logo placement in one edition of the Hospice newsletter	Permanent logo position in Hospice newsletter
		Subscription renewal letter and invoice each year	A feature highlighting partnership in the Hospice newsletter
			Subscription renewal letter and invoice each year

An invoice will be issued for the selected amount to the email address provided.

By signing this application form, the Business named above agrees to use the Hospice Supporter logo appropriately and in accordance with the Hospice Logo Style Guide. Albany Community Hospice reserves the right to withdraw consent of the use of the Hospice Supporter logo at any given time.

Any logos provided by the Business will be used for the purposes stated above only and consent for Albany Community Hospice to use the logo can be withdrawn at any time.

Signed ....   **Date** ....

Name ....