



Sponsorship Agreement

Thursday, May 21, 2026 WaterFire Arts Center • Providence, RI

Thank you for sponsoring 50 Years of Hope & Gratitude to benefit hospice and palliative care patients and their families. Please complete and return this sponsorship agreement form.

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ MOBILE: _____ EMAIL: _____

I am proud to sponsor 50 Years of Hope & Gratitude at the following sponsorship level:

- | | | | |
|--|--------------------|--|--------------------|
| <input type="checkbox"/> \$50,000 | PRESENTING SPONSOR | <input type="checkbox"/> \$10,000 | GRATITUDE SPONSOR |
| <input type="checkbox"/> \$25,000 | ANGEL SPONSOR | <input type="checkbox"/> \$7,500 | DIGNITY SPONSOR |
| <input type="checkbox"/> \$15,000 | HOPE SPONSOR | <input type="checkbox"/> \$5,000 | QUIET HERO SPONSOR |
| | | <input type="checkbox"/> \$2,500 | FRIEND SPONSOR |

PAYMENT INFORMATION:

Sponsorship pledges must be fulfilled by APRIL 16, 2026 unless other arrangements have been made. For your records, our 501(c)(3) Tax I.D. number is 51-0192422.

- Check enclosed Please make checks payable to: HopeHealth
- To pay with a credit card call us at (401) 415-4206 or visit the event website at HopeHealthCo.org/50Years
- Please send an invoice to the above contact.

Corporate sponsors, please provide a high-resolution file (EPS or JPEG, 4-color) of your company logo in order to begin promoting your support. Email logos or additional questions to HCarvalho@HopeHealthCo.org.

Please return the completed form in the self-addressed prepaid envelope provided to:
HopeHealth, 1085 North Main St., Providence, RI 02904



For more information, please visit the event website at HopeHealthCo.org/50Years