



Corporate Partner Program

The Harbor Hospice mission for more than thirty-five years has been to provide the very best in skilled, progressive hospice care and to encircle family members, friends and caregivers with compassionate counseling and grief support.

Over the past decade, we recognized a tremendous need, as well, for *a continuum of care* that begins with helping patients manage the symptoms of serious illnesses and medical conditions, and the side effects of treatments. That new field is called palliative care and our team of palliative care specialists works in partnership with a patient's primary physician to help improve such things as loss of appetite, breathing difficulties, nausea and pain, all with the goal of improving the quality of the patient's life.

When we can make life easier and better for a patient, we make it easier and better for the patient's family, too.

Each year, our staff and volunteers care for more than 1,000 men and women throughout Muskegon, Ottawa, Oceana, Mason and Newago Counties who are seeking palliative and hospice support. And we *never* turn away someone who is unable to pay for care.

We are excited to invite you to join a network of businesses and organizations that provide financial support for the work we do through the Harbor Hospice Foundation Corporate Partner Program. Your annual pledge of support will give you 12 months of recognition and promotion throughout West Michigan through multiple communication and media venues.

Your commitment to this program is the beginning of a special partnership between your company, the Harbor Hospice Foundation, and this community. Here is how your philanthropic support benefits *your company*.

Brand Visibility

— Display of your company's logo can include signage, print placement, social media, press releases and email campaigns for 12 months.

Recognition

— We will acknowledge your company's support in public presentations, board meetings, interviews with the media, and placements in our Harbor Hospice newsletter and annual report for 12 months.

Documentation of Your Visibility

— You will receive an end-of-year report detailing how we promoted and acknowledged your company.

It will include:

- *Circles of Care* Harbor Hospice newsletter: dates of publications and circulation numbers
- Email blasts: dates sent and number of recipient
- Facebook posts: dates posted and number of views

We encourage one-time gifts and multi-year pledges – whatever works best for you – and we will be happy to send you pledge reminders. Thank you for considering this important and far-reaching program.

Sincerely,

A handwritten signature in cursive script that reads "Ammy Seymour".

Ammy Seymour, Director of Development



— **As a Corporate Partner, you will receive:**

- Brand visibility
- Community recognition
- Documentation and Communication Report
- Your corporate website linked to the *Harbor Hospice website*
- Invitation to annual volunteer luncheon
- Private tour of the Leila & Cyrus Poppen Hospice Residence

Choose the level that meets your philanthropic goals and you will also receive:

— **Commodore: \$15,000 +**

- 20 picnic tickets to the *Harbor Hospice Regatta*
- 20 registration passes for the *Ride to Remember*

— **Navigator: \$10,000 - \$14,999**

- 10 picnic tickets to the *Harbor Hospice Regatta*
- 10 registration passes for the *Ride to Remember*

— **First Mate: \$5,000-\$9,999**

- 8 picnic tickets to the *Harbor Hospice Regatta*
- 8 registration passes for the *Ride to Remember*

— **Crew: \$1,500 - \$4,999**

- 6 picnic tickets to the *Harbor Hospice Regatta*
- 6 registration passes for the *Ride to Remember*

Your Pledge commitment:

- Commodore\$15,000 +
- Navigator.....\$10,000 - \$14,999
- First Mate.....\$5,000 - \$9,999
- Crew.....\$1,500 - \$4,999

Make an impact pledge to the Harbor Hospice Foundation

- One-year pledge
- Double your commitment by pledging \$_____ each year for the next 2 years
- Triple your commitment by pledging \$_____ each year for the next 3 years

Would you like to receive an invoice?

- \$_____ once a year
- \$_____ twice a year
- \$_____ four times a year

OR

- Enclose a check for \$_____ the total amount of your donation
Please make payable to Harbor Hospice Foundation 1050 W. Western Ave., Suite 400 Muskegon, MI 49441

Corporate Partner: _____
(As it should appear in recognition)

Contact _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Phone _____

Signature _____ Date _____

Feel free to call me at 231.728.6836 or 800.497.9559, or send me a note at ASeymour@HarborHospiceMI.org. Thank you for supporting palliative and end-of-life care for patients and families in West Michigan.