

WALK FOR HEALING

APRIL 29 - JUNE 9, 2024

JOIN ANYWHERE,
ANYTIME, FOR 6 WEEKS





May is
**Global Employee
Health & Fitness Month**

The goal is to promote the benefits of a healthy lifestyle through worksite health promotion activities.

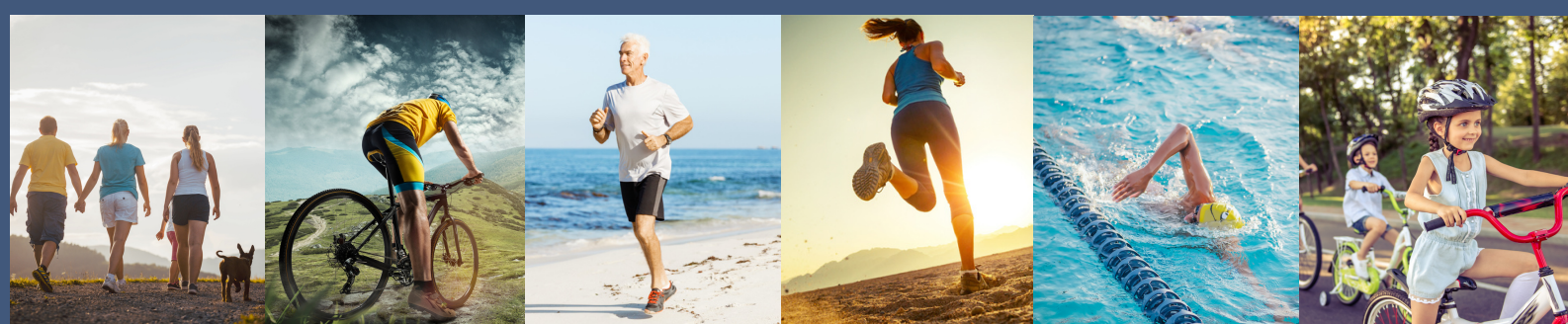
All sponsors may use our tool kit for a positive employee experience.



2024 SPONSORSHIP PACKAGES

LEVEL	IMPACT	MARKETING BENEFITS
PLATINUM \$5,000	Funds 170 Hours of In-Home Support for clients and their families	<ul style="list-style-type: none"> Personalized to meet your marketing expectations. Logo included on regional television spots, press releases, event website, emails, invites, posters, and flyers Thanked in social media and e-marketing promotions Logo with hotlink on Hospice SLO County website 20 free Participation Entries for your business 
GOLD \$2,500	Funds an 8 week Support Group for 33 individuals	<ul style="list-style-type: none"> Logo included on event website, emails, invites, posters & flyers Thanked in social media and e-marketing promotions Logo with hotlink on Hospice SLO County website 12 free Participation Entries for your business 
SILVER \$1,000	Funds 4 Community Grief Response consults for businesses	<ul style="list-style-type: none"> Logo included on invites and flyers Thanked in social media and e-marketing promotions Logo with hotlink on Hospice SLO County website 8 free Participation Entries for your business 
BRONZE \$500	Funds 10 Grief Counseling Sessions	<ul style="list-style-type: none"> Thanked in social media and e-marketing promotions Logo on Hospice SLO County website 4 free Participation Entries for your business 

IN 2023, SLO COUNTY WALKED, BIKED, JOGGED, RAN, SWAM AND RAISED \$ 51,818.



Hospice SLO County

2024 WALK FOR HEALING

SPONSOR COMMITMENT FORM

Select Level:

Platinum.....\$5,000

Gold.....\$2,500

Silver.....\$1,000

Bronze.....\$500

Benefiting:



Due April 1, 2024

Sponsor Information:

Company/Individual Name: _____

Main Contact: _____

Title: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Payment Information: (check one)

Payment by: Credit Card

Yes, I want to cover the 3% transaction fee so 100% of my donation goes to Hospice SLO County

Amount: _____ Credit Card# _____ Expiration: _____

CODE: _____ Signature: _____ Date: _____

Charge this credit card on this date: _____

To provide us with your credit card information via phone, please call (805) 544-2266.

Payment by: Check payable to: Hospice SLO County

Attn: 2024 SPONSORSHIPS

1304 Pacific Street, San Luis Obispo, CA 93401

Bill me. Send me an invoice prior to the event.

Please return this form by mail, fax: (805) 544-6573 or email: juneaiello@hospiceslo.org

Hospice SLO County Tax I.D. #95-3195126