

Promote your business, honor a loved one, support Hospice of the Piedmont!

Three options for the 2017 Run & Remember course sign sponsorship:
(Please see reverse for order form.)

Our Business Supports HOP's Mission



Available to businesses.

**Promote your business to
hundreds of runners,
and show your support for the
oldest and most experienced
community-based, nonprofit
hospice serving central and
northern Virginia.**

In Honor of



*Available to individuals
or businesses.*

**Honor or remember
a special loved one
with a sign
bearing their name.**

Hospice of the Piedmont Slogan



Available to individuals or businesses.

Slogan options:

- So that no one dies alone or in pain.
- Providing grief support to everyone in need.
- Compassionate, comprehensive, and expert care.
- Center for Children: supporting children and families.



Thanks for your support of HOP's Run & Remember 5K!

Your message will reach hundreds of runners!
Race day: May 13, 2017 Anticipated participants: 400



HOSPICE of the
PIEDMONT
Sharing the Journey



Hospice of the Piedmont's
Run & Remember 5K
Course Sign Sponsorship Form
Deadline for sponsorships: April 28, 2017



Sponsor Information

I /We would like to sponsor _____ signs at \$75 each for a total commitment of \$_____

Name _____ Title _____

Company/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Sign Options

Our Business Supports HOP's Mission

Donated by (*max. 8 words*): _____

*Please list business name(s) **exactly** as it should appear on the sign*

In Honor Of (*max. 4 words*) _____

*Please list name(s) **exactly** as it should appear on the sign*

Donated by (*max. 8 words*): _____

*Please list business or individual name(s) **exactly** as it should appear on the sign*

HOP Slogan Option (*choose one per sign*)

So that no one dies alone or in pain Providing grief support to everyone in need

Compassionate, comprehensive, and expert care Center for Children: supporting children and families

Donated by (*max. 8 words*): _____

*Please list business or individual name(s) **exactly** as it should appear on the sign*

Sponsorship Deadline – April 28, 2017

Payment Information

Check (*please mail to Hospice of the Piedmont at address below*)

MasterCard Visa American Express Discover

Account Number _____ Exp. Date _____

Name on Card _____ Signature _____

Thank you for your generous support!

Please return form and direct questions to:

Lori Woods | Advancement Administrative Assistant | lori.woods@hopva.org

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