



**Passion for Caring Gala**  
 Saturday, November 7, 2009  
 6:30 pm to 12:00 am  
 Ritz Carlton Tysons Corner  
 1700 Tysons Boulevard  
 McLean, VA 22102

There are several levels of giving as indicated below. Funds raised will go to our **Patient Care Fund** which provided \$1.6 million in charity care in 2008. Your donation ensures that Capital Hospice turns no one away regardless of their ability to pay.

***Patient Care Charitable Donation Information***

**Platinum —\$100,000**

- Top billing in every aspect of program
- Three premier tables of ten
- Seating of VIP and guest at table, prominent signage at benefit
- Logo in event video presentation
- Public relations effort to highlight company's participation including website recognition
- Corporate logo listed on invitation and logo on program
- Full page ad and company profile in program

- Signage at gala
- Corporate/individual name on invitation and program
- Half page ad in program
- Logo in event video presentation

**Bronze —\$10,000**

- Ten tickets (a table) to event with preferred seating
- Individual/corporate name in invitation and program

**Champion—\$7,500**

- Ten tickets (a table) to event with preferred seating
- Individual/corporate name in invitation and program

**Benefactor—\$5,000**

- Six tickets to event with preferred seating
- Individual/corporate name in invitation and program

**Supporter --\$3,000**

- Four tickets to event with preferred seating
- Individual/corporate name in invitation and program

**Friend—\$500**

- Single tickets at \$500 each with preferred seating
- Individual/corporate name in program

**Gold —\$50,000**

- Prominent billing in every aspect of the program
- Two priority tables of ten
- Seating of VIP and guest at table if desired
- Logo on program
- Corporate name on invitation
- Signage at event
- Logo in event video presentation
- Public relations effort to highlight company's participation including website recognition
- Full page ad in program

**Silver —\$25,000**

- One priority table of ten
- Seating of VIP and guest at table, if desired

I cannot attend the benefit this year. However, I wish to make a contribution to show my support. I've included my check for \$\_\_\_\_\_ or please charge my credit card for \$\_\_\_\_\_.

Enclosed is my check made payable to **Capital Hospice** for \$\_\_\_\_\_.

Please charge my credit card:     Visa     Master Card     American Express

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

(over)

## *Reservation Information*

Please return this form to: Passion Gala, 6565 Arlington Boulevard, Suite 500, Falls Church, VA 22042  
or fax to 703-538-2072, Attn: Carol Kennedy, or email to [ckennedy@capitalhospice.org](mailto:ckennedy@capitalhospice.org)

\_\_\_\_\_  
Sponsor Name (as you would like it to appear in the Program)

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

### *Guests at my table:*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

For additional information, please contact Carol Kennedy, 703-531-6216 or email at [ckennedy@capitalhospice.org](mailto:ckennedy@capitalhospice.org)