



# REGISTRATION FORM

## Sponsorships and Donations

### Hospice Cup XXVIII

Saturday, September 26, 2009

Annapolis, MD

**Corporation** (name as you wish to be listed in publications) \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail/Web address:** \_\_\_\_\_

**To ensure proper listing in the Hospice Cup Race Day Program, please return this form by August 15, 2009**

**Yes**, I would like to Sponsor Hospice Cup XXVIII as a \*:

- |  |  |
|--|--|
| <input type="checkbox"/> Fleet, \$50,000     | <input type="checkbox"/> Helmsman, \$2500  |
| <input type="checkbox"/> Flagship, \$25,000  | <input type="checkbox"/> Navigator, \$1000 |
| <input type="checkbox"/> Admiral, \$15,000   | <input type="checkbox"/> Sailor, \$500     |
| <input type="checkbox"/> Commodore, \$10,000 | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Captain, \$5000     |  |

*\*please see sponsorship brochure for detailed list of benefits and tickets packages*

**No**, I am unable to participate as a sponsor, please accept my donation of: \$ \_\_\_\_\_

**We are making this gift by:**      Check      Visa/MC      AmEx

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V-code: \_\_\_\_\_ (3-digit number on back of card)

Signature: \_\_\_\_\_

**Allocate my donation to the following:**

- \_\_\_ Hospice Cup, Inc.
- \_\_\_ Capital Hospice
- \_\_\_ Calvert Hospice
- \_\_\_ Hospice of the Chesapeake
- \_\_\_ Montgomery Hospice
- \_\_\_ Talbot Hospice
- \_\_\_ All participating Hospices

**Please make check payable to:**  
**Hospice Cup, Inc.**  
**P.O. Box 1443**  
**Annapolis, MD 21404**

**Or**

**Fax completed form to**  
**443-837-1558**  
**Attn: Karma O'Neill, Hospice Cup**

**Is this donation being made in honor of someone special?**

In Memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

**Please send an acknowledgement card to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

\* All participating hospices are 501(c)3 organizations that meet the quality standards of care specified by the National Hospice and Palliative Care Organization