

HOSPICE REGATTA

Set Sail. Celebrate Life.

Boat Sponsorship Pledge Form

The Hospice Regatta – Saturday, August 18, 2007

Sponsorship Level: Captain - \$ 500 Hospice Hero - \$ 250

Sponsor Name _____

Contact person (name/title) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____ Fax _____

Name of Boat being sponsored _____

Skipper of Boat _____

Sponsor contribution in memory of / in honor of _____

I need additional information about my benefits as a sponsor.

Check enclosed Receipt received Please bill me
(Balance due by August 14, 2007)

Charge to: ___ Visa ___ MasterCard ___ Discover

Name on card _____

Card # _____ Exp. Date _____

Signature _____

All proceeds from this event benefit Hospice services provided by Lifetime Care,
which is recognized by the IRS as a § 501 (C) (3) charitable organization.

Donations are tax-deductible to the extent provided by law.

Thank you for your generosity and support.

Please complete this form and send it to:

Hospice Regatta, 3111 Winton Road South, Rochester, NY 14623