HAVE A

FOR HOSPICE
CTMC HOSPICE CARE

The CTMC Hospice Care Advisory Board is gearing up for the Have a Heart for Hospice Valentine luncheon in February 2009. This event raises funds to support CTMC Hospice special projects and programs. This event is one of the most successful fundraisers and is enjoyed by all. Please be a part of this worthwhile endeavor through the various sponsorship & underwriting opportunities.

CTMC Hospice Care, a department of Central Texas Medical Center, was established in 1991 for the purpose of caring for those with terminal illness and their families. Hospice provides physical, emotional and spiritual care by a team of compassionate health professionals for those dying from cancer, Alzheimer’s, cardiac, and other terminal illnesses. The goal of hospice care is to ensure a comfortable and peaceful death with dignity, and respect.

CTMC Hospice Care also provides programs include Dream a Dream, a wish-granting program, the 11th Hour Vigil program, and Camp HeartSong, a bereavement camp for children. Bereavement services are also provided to family members and caregivers for up to one year following the patient’s death and are available to the community at large. Please be a part of this worthwhile endeavor through the various sponsorship & underwriting opportunities.

Here are a few reasons to be a part of this event:

- **The Only Non-Profit Hospice in this area**
- **Funds Raised go back to the community - sends children to Camp Hope**
- **For a great cause and it’s a tax write-off**

Thank you from the bottom of our hearts!

❤️ Linda Pennington (Chair)  ❤️ Paula Hamilton
❤️ Janace Wade (Co-Chair)  ❤️ Ruth Phillips
❤️ Ellen Ault  ❤️ Liz Tuttle
❤️ Scott Bentley  ❤️ Janelle Warren
❤️ Margaret Dunn  ❤️ Kristin P. Wingard
❤️ Sue Fitch
# SPONSORSHIP

<table>
<thead>
<tr>
<th>TITLE</th>
<th>AMOUNT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweet Heart</td>
<td>$10</td>
<td>In honor of or in memory of: add this to your ticket or by itself &amp; your “special person” will be recognized in the program and in the power point presentation.</td>
</tr>
<tr>
<td>Hearts Delight</td>
<td>$40</td>
<td>1 ticket to the luncheon</td>
</tr>
<tr>
<td>Heart of the Hills</td>
<td>$180</td>
<td>4 tickets to the luncheon, recognition in the program &amp; power point presentation</td>
</tr>
<tr>
<td>Heart of Hospice</td>
<td>$400</td>
<td>A table of 8 to the luncheon, recognition in the program, power point presentation &amp; signage at the table</td>
</tr>
</tbody>
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Open seating, except for guests who have bought a table. Be a sponsor to insure reserved seating.
## UNDERWRITING

Recognition in the program, newspaper and power point presentation

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<tbody>
<tr>
<td>Queen of Hearts</td>
<td>$100</td>
<td>“You’re Invited”- underwrite the cost of invitations and the program</td>
</tr>
<tr>
<td>Cupid</td>
<td>$200</td>
<td>Help spread the news about this wonderful event with your support of ads in our local paper</td>
</tr>
<tr>
<td>Ace of Hearts</td>
<td>$500</td>
<td>You’ll definitely hold the key to our hearts as your generosity decorates all the tables</td>
</tr>
</tbody>
</table>
CTMC HOSPICE CARE

HAVE A ♥ FOR HOSPICE

Underwriting/ Sponsorship Form
CTMC HOSPICE is a non-profit 501 C3

Business/Personal
Name: __________________________________________________________

Contact
Name: __________________________________________________________

Name as it should appear in
Program: _______________________________________________________

Address: ______________________________________________________

City & State: ___________________________ Zip: _________________

Phone #: _______________________________________________________

Sponsor/Underwriting
Category: _______________________________________________________

Amount: ________________________________

Thank you again for your support.

Committee Use:

Contacted by: ________________________________________________

Amt. Received & Date: __________________________________________

Acknowledgement by & Date: ____________________________________

Donation Receipt sent for tax purposes by & Date: __________________