

# POWER OF HOPE SPONSORSHIP OPPORTUNITIES

Volunteers of America's signature annual fundraising event **Power of Hope** is a journey into the heart of human services. Focused on building a healthy community, the Power of Hope event goal is to build support for Volunteers of America's work in health, housing, and human services in Indianapolis.

Event sponsors are crucial to helping us achieve this goal. This is because they allow 100% of the funds raised at the event to go directly to our programs, amplifying **Power of Hope's** impact on our Indiana communities. This not only leverages the impact of **Power of Hope**, but it also amplifies the difference your company makes in the lives of our fellow Hoosiers.



***Thank you for choosing to use your resources and influence for good.***

## ALL SPONSORSHIP LEVELS GET THESE BENEFITS

**Dedicated social media posts**

**Event recognition**

**Recognition in email communication**

**Company highlighted or listed on website**

## ADDITIONAL BENEFITS BASED ON SPONSORSHIP LEVEL

- \$10,000** | Prime placement of company logo in sponsorship listings, company website linked to logo, feature email, blog post
- \$5,500** | Company logo included in sponsorship listings, company website linked to logo, blog post
- \$2,750** | Company name included in sponsorship listing

When all people are healthy, communities are healthy and *thrive.*

Offer Hope Restore Dignity Transform Lives

For more information contact us at: 317.743.9838 -or- [sarah.sieпка@voaohin.org](mailto:sarah.sieпка@voaohin.org)

# POWER OF HOPE SPONSORSHIP FORM

## SPONSORSHIP LEVEL

\$10,000     \$5,500     \$2,750

## PAYMENT OPTIONS

- Check enclosed payable to Volunteers of America  
 Bill my credit card  
 I will pay online at [voahin.org](http://voahin.org)

## CONTACT & NAME FOR RECOGNITION

*\*Required*

\_\_\_\_\_  
\*NAME OF PERSON / PRIMARY CONTACT

\_\_\_\_\_  
TITLE (DR, MR, MRS, MS, MISS, ETC.)

\_\_\_\_\_  
JOB TITLE

\_\_\_\_\_  
\*COMPANY/ORGANIZATION/INSTITUTION OR INDIVIDUAL(S) NAME FOR RECOGNITION

\_\_\_\_\_  
\*STREET ADDRESS TYPE     PERSONAL     BUSINESS

\_\_\_\_\_  
\*CITY

\_\_\_\_\_  
\*STATE

\_\_\_\_\_  
\*ZIP

\_\_\_\_\_  
\*PHONE

\_\_\_\_\_  
\*EMAIL

## PAYMENT INFORMATION

\_\_\_\_\_  
\*NAME ON CARD

\_\_\_\_\_  
COMPANY (IF APPLICABLE)

\_\_\_\_\_  
\*BILLING ADDRESS (IF DIFFERENT THAN ABOVE)

\_\_\_\_\_  
\*CITY

\_\_\_\_\_  
\*STATE

\_\_\_\_\_  
\*ZIP

\_\_\_\_\_  
\*CARD NUMBER

\_\_\_\_\_  
\*SECURITY CODE/ CVV

\_\_\_\_\_  
\*EXP DATE (MM/YY)

CARD TYPE        

\_\_\_\_\_  
\*SIGNATURE



**MAIL FORM & PAYMENT TO** Volunteers of America Ohio & Indiana  
Philanthropy Office  
4181 E. 96th Street, Suite 120  
Indianapolis, Indiana 46240

**CONTACT INFORMATION** For questions or to make your gift  
over the phone, contact us at:  
**317.743.9838**  
**[sarah.sieпка@voahin.org](mailto:sarah.sieпка@voahin.org)**

[voahin.org](http://voahin.org)     VOA OHIN

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