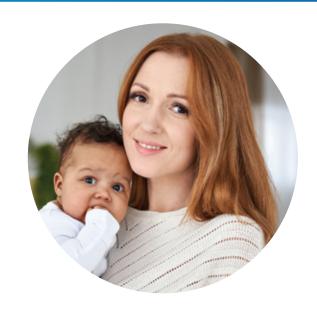


## SPONSORSHIP OPPORTUNITIES

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

## POWER OF HOPE SPONSORSHIP FORM

SPONSOR	SHIP LEVEL	-	PAYMENT OPTIONS —			
\$10,000	\$5,500	<u>\$2,750</u>	<ul><li>☐ Check enclosed payable to Volunteers of America</li><li>☐ Bill my credit card</li><li>☐ I will pay online at voaohin.org</li></ul>			
CONTACT *Required	& NAME F	OR RECOGNITION	ON —			
*NAME OF PE	RSON / PRIMARY	CONTACT	TITLE (DR, N	TITLE (DR, MR, MRS, MS, MISS, ETC.)		
JOB TITLE						
*COMPANY/O	RGANIZATION/IN	STITUTION OR INDIVIE	DUAL(S) NAME FOR RECOGNITIO	N		
*STREET ADDRESS TYPE	E OPERSONAL	OBUSINESS	*CITY	*STATE	*ZIP	
*PHONE		*EMAIL				
PAYMENT	INFORMAT	ION —				
*NAME ON CA	ARD		COMPANY (IF APPLICABLE)			
*BILLING ADD	RESS (IF DIFFERE	ENT THAN ABOVE)	*CITY	*STATE	*ZIP	
*CARD NUMBI		○ ➡ ○ VISA	*SECURITY CODE/CVV	*EXP DATE (MM/YY)		
*SIGNATURE						
			<b>\</b>			

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

CONTACT For questions or to make your gift INFORMATION over the phone, contact us at: 317.743.9838 sarah.siepka@voaohin.org