

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, 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

mpany highlighted or listed on website

Company highlighted or listed on website					
——— ADDITIONAL BE	ENEFITS BASED	ON SPOI	NSORSHIP LEVEL —		
Standard Sponsor plus	s 3 benefits	\$5,000	Event Sponsor plus 1 benefit		
Street Sponsor plus	s 2 benefits	\$2,500	Event Sponsor		
ADDITIONAL BENEFITS —					
Feature email Feature pos		social channe	ls of your choice		
Print newsletter spotlight Crafted content (print or digital assets)		ssets)			
☐ Blog post	☐ Thank you video from VOA team to share through your channels				
Social media takeover day					

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

Offer Hope Restore Dignity Transform Lives

POWER OF HOPE SPONSORSHIP FORM

SPONSORSHIP LEVEL —————	PAYMENT OPTIONS	PAYMENT OPTIONS —			
\$10,000 \$5,000	Check enclosed payable to Volunteers of America				
\$7,500 \$2,500	Bill my credit card				
	☐ I will pay online at voaohin.org				
CONTACT & NAME FOR RECOGNITION *Required) N ———————————————————————————————————				
*NAME OF PERSON / PRIMARY CONTACT	TITLE (DR, N	MR, MRS, MS, I	MISS, ETC.)		
JOB TITLE					
*COMPANY/ORGANIZATION/INSTITUTION OR INDIVID	DUAL(S) NAME FOR RECOGNITIO	N			
*STREET ADDRESS TYPE OPERSONAL OBUSINESS	*CITY	*STATE	*ZIP		
*PHONE *EMAIL					
PAYMENT INFORMATION —					
*NAME ON CARD	COMPANY (IF APPLICABLE	E)			
*BILLING ADDRESS (IF DIFFERENT THAN ABOVE)	*CITY	*STATE	*ZIP		
*CARD NUMBER	*SECURITY CODE/CVV	*SECURITY CODE/CVV *EXP DATE (MM/YY)			
CARD TYPE O MISSING O DISCOVER O VISA					
*SIGNATURE					
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MAIL Volunteers of America Ohio & Indiana FORM & Philanthropy Office PAYMENT 4181 E. 96th Street, Suite 280

TO Indianapolis, Indiana 46240

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

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