



Pumpkin Sponsors



PUMPKIN CARVING CONTEST

October 16th & 17th
Sunnyside Gardens

345 Church St., Saratoga Springs, NY 12866

For more information, please call:
Sherri Rose 518-322-2414
or Jaimee Martin 267-736-3715

TWENTY-THIRD ANNUAL

"TOUCHED BY AN ANGEL" CELEBRATION

October 18th | 6:00 p.m. - 8:30 p.m.

The National Museum of Dance

99 South Broadway, Saratoga Springs, NY, 12866

Tickets: \$80 per person

For more information, please contact: Gina Peca
518-581-9727 ext. 8611 | Gina.Peca@sphp.com

The Community Hospice of Saratoga is planning a Pumpkin Carving Contest as part of its Twenty-Third Annual Touched by an Angel Celebration. Huge pumpkins will be artistically transformed by local carvers at Sunnyside Gardens and displayed at the Touched by an Angel Celebration. We hope you will join in helping us by becoming a Sponsor of one or more pumpkins and/or by making a contribution. All proceeds raised from these events benefit Community Hospice of Saratoga/Washington in our mission to serve the most vulnerable people in our community... the seriously ill and their families. We would be honored to have your support.

SPONSORS BENEFITS Your business logo/name will be displayed on a sign next to your sponsored pumpkin at our Touched by an Angel Celebration. Sponsors will also receive recognition through Sunnyside Gardens social media marketing.

SPONSORSHIP FORM

Please print, trim and return this completed form to: Gina Peca,
Community Hospice of Saratoga/Washington, 179 Lawrence Street, Saratoga Springs, NY 12866

SPONSOR INFORMATION

Business or Individual Sponsor's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Telephone: _____

PAYMENT

I/We would like to sponsor _____ pumpkins @ \$100 per pumpkin = Total \$ _____

I/We would like to make a contribution to support this event = Total \$ _____

I/We would like to purchase _____ tickets @ \$80 per ticket for the Touched by an Angel Celebration = Total \$ _____

Check (Please make payable to: Community Hospice of Saratoga)

Credit Card (Please select card type): MasterCard VISA AMEX Discover

Card Number _____ Exp. Date _____ Security Code _____

Cardholder Signature _____

Thank You for Your Commitment to The Community Hospice!

Sponsorship responses would be deeply appreciated by October 3rd
Business logos should be emailed to ned@sunnysidegardensllc.com