



Benefiting Trustbridge Hospice Foundation

Thursday, April 27, 2023 ~ 6:30 pm

Lady Jean Ranch, Jupiter

Not your ordinary event, join this season's unique twist on "Farm to Table," where local food, wine and talent will leave the city and go back to the farm. It all starts with sunset cocktails, and then the night's air will be filled with the aroma of culinary cuisine and riveting music. Local South Florida culinary talents will show off at sumptuous food stations, while top music sensations take the stage.

Trustbridge Hospice Foundation is committed to providing extraordinary care for everyone in our community, including those without insurance coverage or the ability to pay. We are dedicated to raising funds for the programs and services of Trustbridge including comfort care, charitable care, music therapy, pet therapy, adult and children's bereavement services and children's camps.

Benefactor Giving Opportunities

All Benefactors and Patrons will be recognized in the program.

Diamond Benefactor \$25,000

V.I.P. Seating for 10 with a personal server
Champagne Toast for your Table
Recognition on invitation
Special event & recognition opportunities

Platinum Benefactor \$10,000

V.I.P. Seating for 8 with a personal server
Champagne Toast for your Table
Recognition on invitation
Special event & recognition opportunities

Gold Benefactor \$5,000

V.I.P. Seating for 4

Silver Benefactor \$2,500

V.I.P. Seating for 2

Table Host \$3,500

Reserved Table for 10

Patron Couple \$1,000

V.I.P. Seating for 2

General Seating \$300

Limited Availability

Corporate/Business Sponsorship Opportunities

All sponsors will be recognized on the event website, printed materials, Jupiter Magazine and social media, in addition to their uniquely offered recognition opportunity and event seating.

Entertainment Sponsor \$20,000

V.I.P. Seating for 6
Recognition on Stage Banner

Printing Sponsor \$15,000

V.I.P. Seating for 4
Recognition on All Printed Materials

Decor Sponsor \$10,000

V.I.P. Seating for 2
Recognition on Tables

Sunset Cocktail Sponsor \$7,500

General Seating for 4
Recognition on Bar

Golden Sunset Sponsor \$5,000

General Seating for 4

Amber Sky Sponsor \$2,500

General Seating for 2

For additional information, please contact Aubrey Fleming at 561-494-6894
or via email at afleming@trustbridge.com.

Trustbridge Hospice Foundation is a 501©3 Non-profit organization as recognized by the IRS. EIN# 20-3974070
Trustbridge Hospice Foundation will gladly accept payments for event sponsorships through Donor Advised Funds, IRA distributions and other charitable giving accounts. Donors of The Sunset Soirée are personally responsible for paying the taxable goods and services for each attendee (\$125 pp), as required by the IRS.



Benefiting Trustbridge
Hospice Foundation

Return form and payment to:
Trustbridge Hospice Foundation
Attn. Aubrey Fleming
5300 East Avenue
West Palm Beach, Florida 33407

Commitment Form

Benefactor & Corporate/Business Opportunities

- | | |
|---|--|
| <input type="checkbox"/> \$25,000 Diamond Benefactor | <input type="checkbox"/> \$3,500 Table Host |
| <input type="checkbox"/> \$10,000 Platinum Benefactor | <input type="checkbox"/> \$1,000 Patron Couple |
| <input type="checkbox"/> \$5,000 Gold Benefactor | <input type="checkbox"/> \$300 General Seating |
| <input type="checkbox"/> \$2,500 Silver Benefactor | ___ # of Seats |
| <input type="checkbox"/> \$20,000 Entertainment Sponsor | <input type="checkbox"/> \$7,500 Sunset Cocktail Sponsor |
| <input type="checkbox"/> \$15,000 Printing Sponsor | <input type="checkbox"/> \$5,000 Golden Sunset Sponsor |
| <input type="checkbox"/> \$10,000 Décor Sponsor | <input type="checkbox"/> \$2,500 Amber Sky Sponsor |
| <input type="checkbox"/> I/We cannot attend but wish to make a donation of \$ _____ | |

Contact Information

Name (as you wish it to appear in all recognition opportunities)

Address

City

State

Zip Code

Telephone

Email

Payment Information

- Please send me an invoice to be paid by April 13, 2023
- My check made payable to Trustbridge Hospice Foundation is enclosed.
- Please charge \$ _____ to my:
- | | | | |
|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> AMEX | <input type="checkbox"/> Discover |
|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|

Account Number

CVC

Expiration Date

Name on Card

Billing Zip Code

Signature