

PARTNERS IN HOPE



OUR HOPE FOR THEM

At the heart of **Partners in Hope Corporate Giving program** is the **HOPE** of healing for children who have experienced abuse and the **HOPE** that educational initiatives will lead to effective prevention.

Partners in HOPE are committed to providing the necessary tools and environments allowing children to believe that they are not defined by their past experiences and that they have the power to shape their own future. HOPE is a powerful thread running through everything Bivona Child Advocacy Center does.

PARTNERS IN HOPE

Let's give **hope** to children.



Every child is filled with tremendous promise and we have a shared obligation to foster the potential for all children to thrive. For children who have experienced trauma, HOPE can be an incredibly important source of strength and comfort. Having HOPE gives children the courage and determination they need to keep moving forward.

OUR ASK:

- TWO corporate event sponsorships equaling a minimum of \$10,000 annually (*not in-kind*) for two consecutive years **OR** Unrestricted annual monetary donation from the company for a minimum of \$10,000 each year for two consecutive years.
- Host one informational Bivona event within the first year of your membership.
- See attached form to complete.

OUR THANKS:

- Members provide a writing or short video outlining the reasons for supporting this program. Member to also provide logo to be used:
 - On our website
 - On screens used during tour presentations
 - On screens at all events
 - On LinkedIn to recognize your commitment

Members also receive:

- Partners in Hope recognition to display at your business
- Special invitation to Bivona's Annual Memorandum of Understanding signing with all partner agencies held every April.
- Invitation to an annual recognition event for members of Partners in Hope and Circle of Hope.

GIFT

We are supporting Bivona's Partners in Hope Corporate Giving Program by pledging \$ _____ annually for a two-year period. Our total \$ _____ commitment to sustain hope begins on _____.

Company Name _____ Contact Name _____

Address _____ City _____ State _____ ZIP _____

Email _____ Phone _____

Signature _____ Date _____

Please recognize our business as follows: _____

- I/We prefer that this gift remain anonymous. I/We prefer not to be listed on printed honor rolls.

PAYMENT INFORMATION New Membership

Enclosed is \$ _____ (Please make check payable to Bivona Child Advocacy Center)

I intend to pay with a credit card (Please call our Finance Department at 585-935-7834)

I am interested in learning more about an automatic payment plan. (Please call our Finance Department at 585-935-7834)

Please invoice us prior to the events we are participating in.



One Mount Hope Avenue
Rochester, New York 14620
Phone: (585) 935-7800
Fax: (585) 232-1391

Questions? Contact Bridget Martin
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Phone: (585) 935-7504

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EVENT SPONSORSHIP COMMITMENT

YEAR	EVENT	SPONSORSHIP	ESTIMATED AMOUNT

**Sponsorship amounts are subject to increase annually.*

BIVONA INFORMATIONAL EVENT

ESTIMATED DATE	LOCATION