

OPTIMAL

HOSPICE FOUNDATION

Foundation Office
1315 Boughton Drive
Bakersfield, CA 93308
Phone: (661) 716-8000
Fax: (661) 387-7151

Community Offices

Bakersfield
1675 Chester Avenue
Suite 401
Bakersfield, CA 93301
Phone: (661) 716-8000

Lake Isabella
6504 Lake Isabella Blvd.
Suite E
Lake Isabella, CA 93240
Phone: (661) 716-8000

Bay Area
3375 Scott Blvd.
Suite 410
Santa Clara, CA 95054
Phone: (408) 207-9220

Fresno
6780 N. West Avenue
Suite 101
Fresno, CA 93711
Phone: (559) 320-8000

Lancaster
44105 15th St. West
Space 202
Lancaster, CA 93534
Phone: (661) 802-7331

Long Beach
5000 East Spring Street
Suite 525
Long Beach, CA 90815
Phone: (562) 494-7687

Modesto
1101 Sylvan Avenue
Suite B-10
Modesto, CA 95350
Phone: (209) 338-9000

Stockton
4568 Feather River Drive
Suite C
Stockton, CA 95219
Phone: (209) 338-9000

Visalia
2439 W. Whitendale Ave.
Suite B
Visalia, CA 93227
Phone: (334)-5120

Non Profit
Tax ID #95-333-4909

Spring 2017

Dear Community Supporter,

Optimal Hospice Foundation Kids Camp offers young people an opportunity to share in an experience with others who have one unfortunate thing in common: they have each experienced the loss of a loved one. Loss affects the whole family especially children, "They are resilient" we tell ourselves, but all the while they are suffering, perhaps even blaming themselves.

Kids Camp provides kids a safe environment to find healing and peace through games, activities and common fellowship with each other. During camp bereavement counselors are on site to work with children who may need one-on-one time and attention. Children are encouraged to share with one another often finding strength by supporting another camper. After camp each child is mailed a packet with a group picture, support materials and resources.

The Foundation hosts 5 sessions of Kids Camp: Kern County has a one day session for ages 6-9 and two 2/12 overnight sessions - for ages 9-12 and 12-16. Fresno and NORCAL both have one session for ages 8-16. Camp is open to any child in the community who has suffered the loss of a loved one even if the person who died never used hospice services.

Optimal Hospice Foundation relies on tax-deductible sponsorships and donations to provide this camp at **no cost** to families. Your sponsorship will be used to cover the cost of food, transportation, housing, camp staff (excluding camp RN and grief counselor – these positions are provided by Optimal Hospice Care as an in-kind donation to the Foundation), camper T-shirt and supplies for activities such as memory journals and camp awards.

We are asking for your support to make this event a success. Please review the enclosed Kids Camp Sponsorship Packet describing levels of sponsorship available. We are confident one will be of interest to you. By choosing to support this event, you are providing these young people an experience that will last a lifetime.

With gratitude,

Cherie Shoemake

Cherie Shoemake
Foundation Director

Scott Haner

Scott Haner
Camp Director

Tax ID #95-3334909



Sponsorship Levels

COURAGE SPONSOR

As the **Courage Sponsor** of the Optimal Hospice Foundation - **Kids Camp**, your organization will receive the following:

- Sponsorship of 20 campers
- Logo recognition on all camp information sent to campers.
- Logo recognition on all media releases.
- Logo recognition on T-shirts provided to campers and counselors.
- Logo recognition on sponsorship thank you page included in post-camp packet that is sent to all attendees.
- Name recognition on the Foundation website and social media sites.
- Banner displayed at camp, including media day.
- Opportunity to have lunch at camp for up to 10 people from your business/organization.
- Recognition in Optimal Hospice Foundation newsletter mailed to 7,500 hospice families and donors.
- Recognition by Optimal Hospice Foundation at an organizational meeting or activity of your choice.

Donation for this sponsorship is \$5,000

HOPE SPONSOR

As a **Hope Sponsor** of the Optimal Hospice Foundation – **Kids Camp**, your organization will receive the following:

- Sponsorship of **10** campers.
- Name recognition on all camp information sent to campers.
- Name recognition on T-shirts provided to campers and counselors.
- Name recognition on sponsorship thank you page included in post-camp packet that is sent to all attendees.
- Name recognition on the Foundation website and social media sites.
- Recognition in Optimal Hospice Foundation newsletter mailed to 7,500 hospice families and donors.
- Recognition by Optimal Hospice Foundation at an organizational meeting or activity of your choice.

Donation for this sponsorship is \$2,500

STRENGTH SPONSOR

As a **Strength Sponsor** of the Optimal Hospice Foundation – **Kids Camp**, your organization will receive the following:

- Sponsorship of **4** campers.
- Name recognition on T-shirts provided to campers and counselors.
- Name recognition on sponsorship thank you page included in post-camp packet that is sent to all attendees.
- Name recognition on the Foundation website and social media sites.
- Recognition in Optimal Hospice Foundation newsletter mailed to 7,500 hospice families and donors.

Donation for this sponsorship is \$1,000.



FRIENDSHIP SPONSOR

As a **Friendship Sponsor** for the Optimal Hospice Foundation - **Kids Camp**, your organization will receive the following:

- Sponsorship of 2 campers.
- Name recognition on T-shirts provided to campers and counselors.
- Name recognition on the Foundation website and social media sites.
- Recognition in Optimal Hospice Foundation newsletter mailed to 7,500 hospice families and donors.

Donation for this sponsorship is \$500.

CAMPER SPONSOR

As a **Camper Sponsor** for the Optimal Hospice Foundation - **Kids Camp**, your organization will receive the following:

- Sponsorship of 1 camper.
- Name recognition on the Foundation website and social media sites.
- Recognition in Optimal Hospice Foundation newsletter mailed to 7,500 hospice families and donors.

Donation for this sponsorship is \$250.



Kids Camp 2017 Sponsorship Commitment Form

Sponsor Name _____

Contact Name _____ Phone _____

Address _____ City/Zip _____

Email _____

Sponsor Level

_____ Courage Sponsor - \$5,000

_____ Hope Sponsor - \$2,500

_____ Strength Sponsor - \$1,000

_____ Friendship Sponsor - \$500

_____ Camper Sponsor - \$250

_____ Contribution Only - \$ _____

_____ In-Kind Donation - Value \$ _____

Description of in-kind donation _____

_____ Payment Enclosed

_____ Send Invoice

Please make checks payable to Optimal Hospice Foundation and send to
1315 Boughton Drive, Bakersfield, CA 93308
or fax to 661-387-7151

For more information or questions please contact Cherie Shoemake at 661-716-8000 or
by email at cshoemake@optimalcares.com. Tax ID # 95-3334909