



May 14 – 15, 2010

Raising dollars for Hospice Regatta 2010 is appreciated and welcomed.

To help provide that extra incentive for you to reach out to friends, family, and the community, we have the **REGATTA FUNDRAISING REWARDS PROGRAM**. For each dollar raised, you will earn points which are redeemable for Regatta Rewards. In addition, you will be eligible for the Wes Holmes Memorial Trophy, sponsored by Gulf Stream Sailing Club, and bestowed upon the Top Fundraiser as well as compete for the PHRF minus award.

Review the Regatta Fundraising Rewards and determine what most entices you, then **WORK TOWARDS YOUR GOAL!** And think, funds raised from this event are used to care for patients and families of HospiceCare of Southeast Florida, Inc.

We appreciate your efforts and look forward to your enthusiastic participation in this spectacular program!

How does the Regatta Fundraising Rewards Program Work?

For each dollar raised you will earn one REGATTA FUNDRAISING REWARD PROGRAM point. \$1.00 = 1 point. There are opportunities to earn additional bonus points. Read below for details.

What dollars are eligible for reward points?

- General Regatta Contributions (accepted as cash, check, or credit card)
- Money raised by selling program ads.

How do I turn my points into Rewards?

All monies must be turned into Amy Betz, of HospiceCare of Southeast Florida, Inc., on or before the Skipper's Meeting on Friday, May 14, 2010.

- Money not collected by that time is ineligible for points or consideration for the Wes Holmes Memorial Award and the PHRF minus Award.
- Money may be donated as cash, check (made payable to HospiceCare of Southeast Florida), or by credit card (including, name, billing address, phone number, amount of donation, credit card number, expiration date).
- Monies collected prior to May 14, 2010 may be delivered to HospiceCare of Southeast Florida, Inc. 309 SE 18th Street, Fort Lauderdale, FL 33316. (954) 467-7423.

Race for fun...

When can I receive my Rewards?

Distribution of most REGATTA FUNDRAISING REWARD PROGRAM gifts will be rewarded at the Skipper's Meeting on Friday, May 14, 2010. Gifts not received that evening will be distributed within **30 business days** of the event.

Will the gifts that I receive be recognized and thanked?

HospiceCare of Southeast Florida will acknowledge all donations pending legible and complete contact information is provided on Donor Forms. We cannot extend our thanks effectively without adequate contact information. We appreciate your attention to these details.

What literature can HospiceCare provide me with to help solicit donations?

We can give you:

- Sample Letters
- HospiceCare of Southeast Florida, Inc. Brochures
- Hospice Regatta Information
- Donation Forms
- Program Ad Forms

Ineligible points include: Dinner tickets, entry fees, accessory purchases, raffle tickets, silent auction / raffle purchases

Earn Extra Points!

Deep Water Dockage

Sailors from other areas are welcomed and encouraged to participate. The main challenge for this in the past has been inadequate dock space. You can earn extra points by securing deep water / ocean access dock space.

- The space must be available a minimum of 2 nights, May 14 - 15, 2010.
- The space must have deep water/ocean access.
- HCSEF nor the boat owner will be responsible for any fees, must be an in-kind donation.
- The donor is not responsible for overnight accommodations of the boat owner or crew. The donation is for boat dockage only.

Referring a New Boat that Competes

Participation among new sailors who enter and sail in the Hospice Regatta is encouraged.

- Boats that enter must compete to be eligible for REGATTA FUNDRAISING REWARDS PROGRAM award points.
- The entry form must be complete. The referral name must be present for you to be eligible for REGATTA FUNDRAISING REWARDS PROGRAM points.

Your support is essential to make this event a success.

The REGATTA FUNDRAISING REWARDS PROGRAM is developed to make this interesting, fun and competitive. Remember, the sky is the limit! Reach out to friends and places you do business with routinely (gas stations, cleaners, etc.) Don't forget to reach out to major corporations with whom you have affiliation; they may even have a matching gifts program!

Race for Hospice, Everyone!!!

More good news! There is no fee to participate! Simply begin fundraising and you are on your way to earning points.

Redeem Earned Points on These Great Rewards...

50 Points	5 Raffle Tickets at Skipper's Meeting
100 Points	Regatta T-Shirt
250 Points	Regatta Polo
250 Points	Friday Night Barbeque Ticket
500 Points	Clambake Ticket
2,500 Points	\$100.00 Gift Certificate to West Marine

Earn Bonus Points:

100 Points	Refer a New Boat Entry that Competes
250 Points	Secure Two Nights of Deepwater / Ocean Access Dock Space for Out of Town Participants. May 14 - 15, 2010.

Please complete and return this form along with donations on or before the Skipper's Meeting on May 14, 2010 to HospiceCare of Southeast Florida, Inc., 309 SE 18 Street, Fort Lauderdale, FL 33316. This will help to ensure the distribution of the rewards at the meeting.

Name of Rewards Program participant: _____

Total Number of Rewards Points raised: _____ (\$1.00 = 1 Reward Point)

Please indicate which rewards you would like to receive in exchange for you Rewards Points

5 Raffle Tickets at Skipper's Meeting

#____ (50 points per 5 tickets)

Points used _____

Regatta Polo

#____ (250 points per ticket)

Points used _____

Clambake Ticket

#____ (500 points per ticket)

Points used _____

Regatta T-Shirt

#____ (100 points per shirt)

Points used _____

Friday Night BBQ Ticket

#____ (250 points per ticket)

Points used _____

\$100 Gift Certificate to West Marine

#____ (2,500 points per certificate)

Points used _____

Total Points Used _____

*****If ordering shirts, please indicate the sizes*****



CONTRIBUTIONS FORM

(DUPLICATE AS NECESSARY FOR EACH MEMBER OF YOUR TEAM)

(Submission deadline: Friday, May 14, 2010)

Contribution Form completed by: _____	Please credit my contributions towards sailing vessel: _____	Total Donations Received: \$ _____
Company Name: (If representing a corporation or group) _____		

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

All of the individuals, companies or corporations listed below have agreed and each want to make a difference in the lives of the patients and families of Hospice. Instructions to contributors: Your contribution to HospiceCare of Southeast Florida is tax deductible to the extent allowed by law. (Please print clearly as all contributors will be recognized.)

Please make checks payable to: HospiceCare of Southeast Florida, Inc.

Contributor's Name or Company Name: _____ Donation Amount: \$ _____

Check One: Check Cash Credit Card *Visa / Mastercard / American Express accepted.*

Street Address: _____ City: _____ State: _____ Zip: _____

Name as it appears on Credit Card: _____ E-mail: _____

Card # _____ Expiration: _____ Signature: _____

Contributor's Name or Company Name: _____ Donation Amount: \$ _____

Check One: Check Cash Credit Card *Visa / Mastercard / American Express accepted.*

Street Address: _____ City: _____ State: _____ Zip: _____

Name as it appears on Credit Card: _____ E-mail: _____

Card # _____ Expiration: _____ Signature: _____

Contributor's Name or Company Name: _____ Donation Amount: \$ _____

Check One: Check Cash Credit Card *Visa / Mastercard / American Express accepted.*

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Card # _____ Expiration: _____ Signature: _____

*Providing quality care and support would be very difficult without the support of the community we serve.
Together We Can Make A Difference!*