

# HOPE

## IN THE MORNING

BY MOURNING HOPE

**August 20, 2020**

7:30 a.m. – 9:00 a.m.  
Country Club of Lincoln

Mourning Hope welcomes **Will Reeve**, son of the late Christopher and Dana Reeve, as our 2020 Hope in the Morning speaker. Christopher Reeve, also known as Superman, spent nine years of his life as a quadriplegic. He died in 2004 when Will was just 11 years old. Only a year later, Will's mother, Dana, was diagnosed with lung cancer and died in 2006. Join us as Will shares his grief journey and his determination to thrive in life despite experiencing tragedy at such a young age.

### 2020 Partnership Opportunities

☐ **\$5,000 – Platinum Partner**

- ***Sponsor a Mourning Hope Family Grief Support Group*** – Our free 10-Week Family Grief Support Group is designed for families with youth ages kindergarten through 18 who have experienced the death of someone significant in their lives.
- Partnership includes:
  - Logo prominently featured as a Platinum Partner on the front cover of the event program;
  - Name to be included in all media communications;
  - One table for twelve (12) at the event;\*
  - Formal recognition at the event, and on the Mourning Hope website and Facebook page.

☐ **\$2,500 – Gold Partner**

- ***Sponsor a Mourning Hope Special Event*** – Sponsor one of our annual free events including Mourning in Motion, Family Reunion, or Holiday Hope.
- Partnership includes:
  - Logo prominently featured in the event program as a Gold Partner;
  - One table for eight (8) at the event;\*
  - Formal recognition at the event, and on the Mourning Hope website and Facebook page.

☐ **\$1,500 – Silver Partner**

- ***Sponsor a Family for a Year*** – Pay for arts and crafts supplies, food, beverages, and other expenses related to administering bereavement support groups at no cost to families.
- Partnership includes:
  - Logo featured in the event program as a Silver Partner;
  - Half of a table – four (4) seats – at the event;\*
  - Formal recognition at the event, and on the Mourning Hope website and Facebook page.

Company Name: \_\_\_\_\_

Authorized Representative and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\*Additional seats can be purchased at a discounted corporate partner rate.

Please return completed form via email to [kholman@mourninghope.org](mailto:kholman@mourninghope.org), or via mail to:



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