

**VOLUNTEERS  
NEEDED**



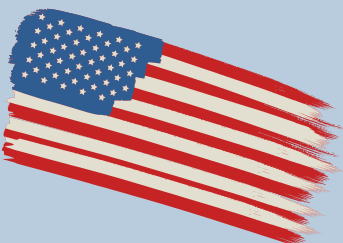
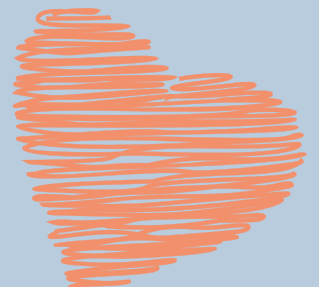
PARTNERS IN CARE MARYLAND, INC.



# Daily PLANNER

NEIGHBORS HELPING NEIGHBORS

**JANUARY 2025- DECEMBER 2025**





**You have an opportunity to grow your business while supporting an older adult in your community.**

**An Ad in our 12-Month (January 2025-December 2025)**

**Daily Planner/Calendar**

**These ads are a call to action, and a proven method for driving NEW and REPEAT Customers to your establishment!**

*\$850 - Full-Color Calendar Ad on a month of your choice*

*\$250 - Full-Color Coupon Ad on a shared coupon page*

***Your Ad will be viewed up to 1,000 times - EVERY DAY !***

# 2024 Commitment Form

## SPONSORSHIPS

- ☐ Influencer: \$8,000
- ☐ Engager: \$6,000
- ☐ Connector: \$3,500
- ☐ Affiliate: \$2,000
- ☐ Partner: \$1,000
- ☐ Full Calendar Ad: \$850
- ☐ Coupon Calendar Ad: \$250

Please submit all artwork and logos in high-resolution JPG, PNG, or PDF format, 300 dpi, full color to [media@partnersincare.org](mailto:media@partnersincare.org)

Partners In Care Maryland, Inc.  
8151-C Ritchie Highway  
Pasadena, MD 21122

## CONTACT INFORMATION

\_\_\_\_\_  
Contact Name|Company Name

\_\_\_\_\_  
To be recognized as

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## PAYMENT INFORMATION

☐ **Check Enclosed** (Please make checks payable to Partners In Care Maryland, Inc.)

☐ **Please charge my credit card \$** \_\_\_\_\_

☐ AMEX   ☐ Visa   ☐ MasterCard   ☐ Discover

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
CVV

\_\_\_\_\_  
Billing Zip

☐ **I / We are unable to attend but wish to make a tax-deductible contribution in the amount of \$** \_\_\_\_\_

Questions? Email us at [media@partnersincare.org](mailto:media@partnersincare.org) or  
call 410.544.4800

