



MOONLIGHT & MIRACLES

FRIDAY, OCTOBER 19, 2018 | Starland Sportsplex & Fun Park • Hanover, MA

SPONSORSHIP PACKAGES

DONATION AMOUNT	MIRACLE \$50,000	MOONLIGHT \$25,000	SAPPHIRE \$15,000	GOLD \$10,000	SILVER \$5,000
Number of tables	2	1	1	1	1
Sponsor of event video featuring company name/logo	●				
Private transportation provided for table host, to and from the Gala	●	●			
Recognition in event press release	●	●	●		
Tablesides champagne service for your guests	●	●	●	●	
Mention in pre and post event social media post to 9,000 Facebook followers	●	●	●	●	
Recognition on event invitation mailed to 2,000 (if received by 8/10/2018)	●	●	●	●	●
Recognition on event signage and program book	●	●	●	●	●
Recognition on event website with link to company site	●	●	●	●	●
Listed in <i>Caring</i> , Foundation newsletter distributed to over 20,000 households	●	●	●	●	●

INTERESTED IN A CUSTOM PACKAGE?

Contact Angela Floro at (781) 624-8142 or afloro@southshorehealth.org





MOONLIGHT & MIRACLES

FRIDAY, OCTOBER 19, 2018 | Starland Sportsplex & Fun Park • Hanover, MA

SPONSORSHIP FORM

YES! I would like to be a part of this year's Moonlight & Miracles Gala

- | | |
|---|---|
| <input type="checkbox"/> \$50,000 Miracle Sponsor | <input type="checkbox"/> Individual Ticket: I wish to purchase _____ tickets x \$250 = _____ |
| <input type="checkbox"/> \$25,000 Moonlight Sponsor | |
| <input type="checkbox"/> \$15,000 Sapphire Sponsor | <input type="checkbox"/> Angel Ticket: I wish to host _____ caregivers or patients who would like to attend x \$250 = _____ |
| <input type="checkbox"/> \$10,000 Gold Sponsor | |
| <input type="checkbox"/> \$5,000 Silver Sponsor | |

I would like an ad in the Moonlight & Miracles Gala Program Book

- | | |
|---|---------|
| <input type="checkbox"/> Full page ad (8"w x 8"h)..... | \$1,000 |
| <input type="checkbox"/> Half page ad (8"w x 3.75"h)..... | \$500 |
| <input type="checkbox"/> Quarter page ad (3.75"w x 3.75"h)..... | \$250 |

All program book ads should be high-resolution, full color pdf or jpg formats. Please send to Erin Labbe at elabbe@southshorehealth.org no later than Friday, September 14, 2018.

I would like to donate an auction item

ITEM	VALUE
------	-------

I am unable to attend, but would like to make a \$_____ donation.

NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

NAME TO APPEAR ON SIGNAGE AND IN PROGRAM BOOK (SUPPORTERS \$5,000 AND ABOVE) _____

Payment Information

Total Amount:

\$ _____

- Please send me an invoice
- I have enclosed a check payable to the *South Shore Health System Foundation*
- Please charge my credit card:
 - American Express
 - Discover
 - MasterCard
 - Visa

NAME ON CARD _____

EXPIRATION DATE _____

CARD NUMBER _____

Your contribution, less \$175 per ticket, is tax-deductible to the extent permissible by law.

Please return by September 14 to ensure you are recognized in printed materials (Supporters \$5,000 and above).

REGISTER ONLINE
southshorehealth.org/gala

For more information, please contact Angela Floro at (781) 624-8142 or afloro@southshorehealth.org

South Shore Health System Foundation
55 Fogg Road, South Weymouth, MA 02190
southshorehealth.org/gala