

# Evening of Wishes Dinner

NOVEMBER 17, 2018 • OMNI PROVIDENCE HOTEL

## SPONSORSHIP OPPORTUNITIES

### PRESENTING SPONSOR - \$25,000

- Preferred seating for twenty guests (two tables)
- Stories of the two special wishes granted through your support
- Recognition from podium at the event
- Opportunity to participate in the program
- Signature placement of name and logo in all pre- and post-event materials, press materials, signage, invitations (time sensitive), and other related communications
- Full-page advertisement (premier placement) in *Evening of Wishes* program book
- Post-event recognition
- Additional customized benefits as mutually agreed upon

### HOPE SPONSOR - \$15,000

- Preferred seating for twenty guests (two tables)
- Story of the special wish granted through your support
- Sponsor name and logo prominently placed in all pre- and post-event materials, press materials, signage, and invitations (time sensitive)
- Full-page advertisement (premier placement) in *Evening of Wishes* program book
- Post-event recognition

### STRENGTH SPONSOR - \$10,000

- Preferred seating for ten guests (one table)
- Story of the special wish granted through your support
- Sponsor name and logo prominently placed in all pre- and post-event materials, press materials, signage, and invitations (time sensitive)
- Full-page advertisement in *Evening of Wishes* program book
- Post-event recognition

### JOY SPONSOR - \$5,000

- Preferred seating for ten guests (one table)
- Sponsor name prominently placed in pre- and post-event materials as appropriate (time sensitive)
- Half-page advertisement in *Evening of Wishes* program book
- Post-event recognition

### TABLE HOST SPONSOR - \$3,000

- Preferred seating for ten guests (one table)
- Recognition in *Evening of Wishes* program book

### WISH FRIEND SPONSOR - \$1,500

- Seating for four
- Recognition in *Evening of Wishes* program book

### INDIVIDUAL TICKETS - \$250

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## PLEDGE FORM

**SPONSOR NAME** (Please print sponsor name exactly as you wish it to be listed on promotional materials and in the event program book.)

**CONTACT PERSON**

**ADDRESS**

**TELEPHONE**

**FAX**

**EMAIL**

Yes, please subscribe me to e-mail updates.

### SPONSORSHIP COMMITMENT

- Presenting Sponsor ..... \$25,000 (2 tables of 10)
- Hope Sponsor..... \$15,000 (2 tables of 10)
- Strength Sponsor.....\$10,000 (1 table of 10)
- Joy Sponsor..... \$5,000 (1 table of 10)
- Table Host Sponsor.....\$3,000 (1 table of 10)
- Wish Friend Sponsor..... \$1,500 (4 tickets)

Sponsorship Total Amount: \$

Individual Tickets (\$250 x # of tickets) \$

Matching Gift \$

I cannot participate, but would like to help to fulfill a child's wish with a donation of \$

Total Amount: \$

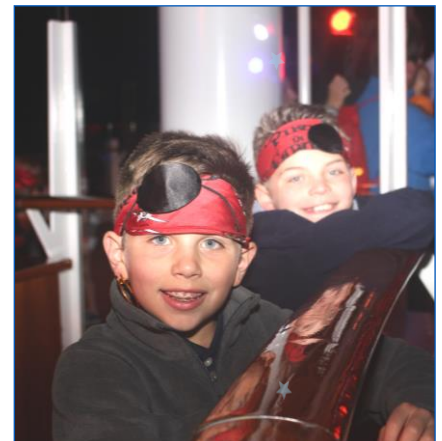
### FORM OF PAYMENT

- Payment Enclosed       Send Invoice
- Please charge my credit card     MasterCard     Visa     Discover     AMEX

**Credit Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return completed form to: Make-A-Wish® Massachusetts and Rhode Island, Rhode Island Regional Office 20 Hemingway Drive, East Providence, RI 02915.  
**For more information:** Sara Masri, 401.781.9474, [smasri@massri.wish.org](mailto:smasri@massri.wish.org), fax: 401.781.9475



*I wish to go on a cruise*

**Owen, 10, North Smithfield, RI**  
Hodgkin's lymphoma