



## SPONSORSHIP REPLY FORM

### **CONTRIBUTION:**

I will contribute \$ \_\_\_\_\_

### **SPONSORSHIP LEVELS: (Please select one)**

- ☐ Visionary (\$100,000)
- ☐ Champion (\$50,000)
- ☐ Innovator (\$30,000)
- ☐ Partner (\$20,000)
- ☐ Collaborator (\$15,000)
- ☐ Leader (\$10,000)
- ☐ Supporter (\$5,000)
- ☐ Friend (\$1,000)
- ☐ Individual Ticket (\$500)

### **PAYMENT OPTIONS:**

- ☐ Check (payable to –Massachusetts Health Quality Partners)

### **MAIL TO:**

Massachusetts Healthy Quality Partners  
1380 Soldiers Field Road, Floor 3  
Brighton, MA 02135

Tax ID#04-3542817

We will contact you prior to the event to obtain the names of your guests (number determined by sponsor level).

Please contact Symone Woodham at [swoodham@mhqp.org](mailto:swoodham@mhqp.org) if you have any questions.

- ☐ **Please check if you would like to be included in all promotional materials**
- ☐ **Attached/enclosed is our JPEG logo scaled to 150 pixels wide**

### **CONTACT INFORMATION**

- ☐ *I prefer to remain anonymous*

\_\_\_\_\_  
Contact Name (as you wish to appear listed)

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

\_\_\_\_\_  
Address (Number and Street)

\_\_\_\_\_  
Address (City, State, Zip Code)

\_\_\_\_\_  
Office Phone/Mobile Phone

\_\_\_\_\_  
Email