



### Sponsorship Reply Form

*Please include contact information as you would like it to appear in promotional materials and indicate if you prefer for your donation to remain anonymous.*

Organization \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

- Please indicate if you prefer for you and/or your organization to remain anonymous.
- Please indicate if you would like to be included in all promotional materials.
- Enclosed check made payable to Massachusetts Health Quality Partners.

#### Sponsorship Level

- Visionary - \$100,000
- Champion - \$50,000
- Innovator - \$30,000
- Partner - \$20,000
- Collaborator - \$15,000
- Leaders - \$10,000
- Supporter - \$5,000
- Advocate - \$2,500
- Friend - \$1,000
- Individual Ticket - \$500

MAIL TO:  
 Massachusetts Healthy Quality Partners  
 1380 Soldiers Field Road, Floor 3  
 Brighton, MA 02135  
 or EMAIL TO: [mhqp30@mhqp.org](mailto:mhqp30@mhqp.org)

Tax ID# 04-3542817

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