

13th Annual Fundraising Event

HOME FOR GOOD: Solutions Start Here

**THURSDAY, MAY 12, 2016
HYATT REGENCY BOSTON
ONE AVENUE DE LAFAYETTE
BOSTON, MA 02111
6 P.M. to 9 P.M.**



HONORING Jerry Ray of Mental Health Association, Inc.
Santander Bank, N.A.
and Goulston & Storrs

Sponsorship and Ticket Info

- \$25,000 HEADLINE SPONSOR**
 - 25 event tickets
 - Headline recognition for company logo or name on printed materials
 - Special placement full-page ad (5" w x 8.5" h) in program
 - Representative of your choice speaks at event
- \$10,000 RAISE THE ROOF SPONSOR**
 - 20 event tickets
 - Premier recognition for company logo or name on printed materials
 - Special placement full-page ad (5" w x 8.5" h) in program
- \$7,500 OPEN THE DOOR SPONSOR**
 - 15 event tickets
 - Prime recognition for company logo or name on printed materials
 - Full-page ad (5" w x 8.5" h) in program
- \$5,000 TURN THE KEY SPONSOR**
 - 15 event tickets
 - Prime recognition for company logo or name on printed materials
 - Half-page ad (5" w x 4" h) in program
- \$2,500 LAY THE FOUNDATION SPONSOR**
 - 10 event tickets
 - Logo or name on printed materials
 - Half-page ad (5" w x 4" h) in program
- \$1,000 PAVE THE WAY SPONSOR**
 - 10 event tickets
 - Logo or name on printed materials
 - Quarter-page ad (2.5" w x 4" h) in program
- \$500 CORNERSTONE SPONSOR**
 - 5 event tickets
 - Business card-size ad (3.5" w x 2" h) in program
- \$125 INDIVIDUAL TICKET**
 - Indicate number of tickets: _____
- I am unable to reserve a space, but I do wish to enclose a donation of \$ _____

Sponsorship Form

Deadline to send form, program message & payment: **April 28.**



NAME: _____

ORGANIZATION/CORPORATION: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

Program Message Options

- OPTION 1:** I will provide my own complete, high-resolution ad for the program book via email.
- OPTION 2:** I will send a high-resolution logo and want MHSA to design an ad using the following message:

Payment Options

CHECK made payable to MHSA. **AMOUNT ENCLOSED:** \$ _____

CREDIT CARD: Visa MasterCard American Express

CARD NUMBER: _____ **EXPIRATION DATE:** _____

NAME ON CARD: _____ **SIGNATURE:** _____

**To submit ads/logo*
or for more information,
contact:**

Carrolee Moore
cmoore@mhsa.net
617.367.6447 ext. 29

**Must be high-resolution.
Program printed in grayscale.
Deadline: April 28.*

**Submit
form & payment:**

BY MAIL
MHSA
PO Box 120070
Boston, MA 02112

BY EMAIL
Kendra Hanlon
khanlon@mhsa.net

