



13TH ANNUAL MELANGE GALA & LIVE AUCTION SPONSORSHIP REPLY FORM

YES, I WOULD LIKE TO SPONSOR THE 13TH ANNUAL MÉLANGE GALA TO BENEFIT MILFORD REGIONAL MEDICAL CENTER ON SATURDAY, OCTOBER 28, 2017.

Platinum Album | \$25,000

Silver Strings | \$5,000

Perfect Pitch Patron | \$1,000

Solid Gold Record | \$10,000

Baritone Bronze | \$2,500

Singing Supporter | \$500

TOTAL \$
Thank You!

Check Enclosed Make payable to Milford Regional Healthcare Foundation

Please Charge Credit Card

Please Send Invoice Paid Sponsors receive priority.

COMPANY / SPONSOR NAME _____
AS YOU WISH IT TO APPEAR IN SPONSORSHIP MATERIALS— PLEASE PRINT

BILLING ADDRESS _____
STREET OR PO BOX CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT THAN ABOVE) _____

CONTACT FIRST & LAST NAME _____

CONTACT PHONE _____ **CONTACT EMAIL** _____
REQUIRED FOR CONFIRMATION & EVENT INFORMATION

IF PAYING BY CREDIT CARD:

CARD # _____ **EXP. DATE** _____ **SEC CODE** _____

NAME _____ **SIGNATURE** _____
AS IT APPEARS ON THE CARD— PLEASE PRINT

MILFORD REGIONAL HEALTHCARE FOUNDATION
14 PROSPECT STREET
MILFORD, MA 01757



FOR MORE INFORMATION, PLEASE CONTACT THE FOUNDATION OFFICE AT 508-422-2034 OR FOUNDATION.MILFORDREGIONAL.ORG/MÉLANGE