MÉLANGE Gala & live auction

Sponsorship Opportunities

Please join us on **Saturday, November 2, 2024** as we celebrate the 20th annual Mélange Gala and Live Auction. This superior and inspiring event will benefit Milford Regional Medical Center and is certain to be a crowd pleaser!

LEVEL	AMOUNT	DESCRIPTION	
Hero	\$25,000	 Hyperlink logo featured on event website Prominent logo placement on all event related printed materials, event video screens, and signage. Full page color ad in program book 	 Special recognition during the evening's festivities Pre/post event recognition and/or media coverage Two tables for your sixteen guests with champagne and private butler service
Lifesaver	\$10,000	 Name or logo displayed on event video screens and signage Full page ad in program book Special recognition during the evening's festivities 	 Post event recognition One table for your eight guests with champagne and private butler service
Advocate	\$5,000	 Name or logo displayed on the event video screens and signage Half page ad in program book 	Post event recognitionFour tickets to the event upon request
Partner	\$2,500	 Quarter page ad in program book Two tickets to the event upon request	
Believer	\$1,000	Listing in program book	

Milford Regional Healthcare Foundation 14 Prospect Street, Milford, MA 01757



For more information, please contact the Foundation Office at **508-422-2228**, **foundation@milreg.org** or **foundation.milfordregional.org/melange**

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Sponsorship Reply Form

Yes, I would like to sponsor the 20th annual Mélange Gala and Live Auction on Saturday, November 2, 2024!

□ Hero \$25,000		Lifesaver \$10,000	□ Advocate \$5,000	
□ Partner \$2,500		Believer \$1,000		
		As you would like it appear on event mate	rials – please print	
		City		
			State Zip	
Mailing Address: (If different from billing)			
Contact First and Last Name:		Title:		
Phone:	Email:	Required for confirmation and event information only		
□ Please charge my credit card.		□ Mv che	ck is enclosed.	
		Please make check payable to Milford Regional Healthcare Foundation.		
Card Number Exp Date			Please send invoice. Paid sponsors receive priority.	
Cardholder's Name				
		Total \$		
Cardholder's Signature		Thank You!		

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