



## Sponsorship Opportunities

Join us Friday, May 8<sup>th</sup> for the 9<sup>th</sup> annual A Sip in the Park in support of the American Foundation for Suicide Prevention - Massachusetts Chapter

### **Champagne Sponsor - \$10,000**

- 15 tickets to A Sip in the Park (\$150 each)
- Prominent recognition in all event materials, event signage, and acknowledgement during program
- Regularly featured in pre-event social media coverage

### **Cabernet Sponsor - \$5,000**

- 10 tickets to A Sip in the Park (\$150 each)
- Prominent recognition in all event materials, event signage, and acknowledgement during program
- 1-2 feature posts during pre-event social media coverage

### **Chardonnay Sponsor - \$2,500**

- 6 tickets to A Sip in the Park (\$150 each)
- Recognition in all event materials, event signage, and acknowledgement during program

### **Merlot Sponsor - \$1,500**

- 4 tickets to A Sip in the Park (\$150 each)
- Recognition in all event materials and signage

### **Wine Enthusiast - \$500**

- 2 tickets to A Sip in the Park (\$150 each)
- Recognition in all event materials and event signage



## Sponsorship Opportunities

The American Foundation for Suicide Prevention – Massachusetts Chapter

Friday, May 8, 2020  
Dell/EMC Club, Fenway Park

- |   |  |
|---|--|
| <input type="checkbox"/> \$10,000 Champagne | <input type="checkbox"/> \$1,500 Merlot        |
| <input type="checkbox"/> \$5,000 Cabernet   | <input type="checkbox"/> \$500 Wine Enthusiast |
| <input type="checkbox"/> \$2,500 Chardonnay | <input type="checkbox"/> Donation _____        |

Donor Name: \_\_\_\_\_  
*(Please list as you would like it to appear in printed/online materials)*

Please check one:  Company  Individual

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Check is Enclosed: \_\_\_\_\_ Charge Credit Card (see below): \_\_\_\_\_ Send Invoice: \_\_\_\_\_

AMEX \_\_\_\_\_ MASTERCARD \_\_\_\_\_ VISA \_\_\_\_\_ DISCOVER \_\_\_\_\_

CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

*Please make checks payable to The American Foundation for Suicide Prevention  
(Tax ID# 13-3393329) and return to: Melanie Varady, 43 Carleton Street, Newton, MA 02458.  
Please include this form with your payment.*