**<<EVENT NAME HERE>>**

**<<EVENT DATE HERE>>**

**<<EVENT LOCATION HERE>>**

**I/We would like to Sponsor this Event:**

\_\_\_\_ **FSHD Hero Title Sponsor - $<<AMOUNT>>**   
*<<DESCRIBE BENEFITS, VIP REGISTRATION, ETC. GIVEN TO SPONSOR AT THIS LEVEL>>*

\_\_\_\_ **Diamond Sponsor - $<<AMOUNT>>**

*<<DESCRIBE BENEFITS, VIP REGISTRATION, ETC. GIVEN TO SPONSOR AT THIS LEVEL>>.*

\_\_\_\_ **Gold Sponsor - $<<AMOUNT>>**  
*<<DESCRIBE BENEFITS, VIP REGISTRATION, ETC. GIVEN TO SPONSOR AT THIS LEVEL>>.*

\_\_\_\_ **Silver Sponsor - $<<AMOUNT>>**

*<<DESCRIBE BENEFITS, VIP REGISTRATION, ETC. GIVEN TO SPONSOR AT THIS LEVEL>>.*

\_\_\_\_ **Couple Sponsor** **- $<<AMOUNT>>**  
*<<DESCRIBE BENEFITS, VIP REGISTRATION, ETC. GIVEN TO SPONSOR AT THIS LEVEL>>*

VIP Ticket/Registration includes <<DESCRIBE HERE>>. These sponsorship gifts are tax deductible minus $<<VALUE OF GOODS OR SERVICES GIVEN>> per person.

***Please respond by <<DATE HERE>> for special recognition in the <<SPECIFY EVENT PROGRAM, INVITATION, ADVERTISING, ETC.>>***

**\*<<NOTE WHETHER THE SPONSOR WILL RECEIVE A FORMAL INVITATION LATER>>**

Please register and pay online at **fshsociety.org** or complete the form below and mail to Doris Walsh, FSH Society, 450 Bedford St., Lexington MA 02420, or call the FSH Society directly at (781) 301-6060 to have the payment processed on your behalf. The FSH Society is a 501(c)(3) non-profit organization. Tax ID# 52-1762747

\_\_\_\_ I/We will attend \_\_\_\_# of people

\_\_\_\_ I/We cannot attend, but enclosed is a contribution in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Enclosed is my check made payable to the “FSH Society, Inc.”.

\_\_\_\_ Please Charge my \_\_ Visa \_\_ MasterCard \_\_ AMEX

Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(as you wish it to appear on the invitation and in our journal)*

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_