



For information, visit
www.marisas-mission.org
or call (617) 302-9128

The Annual Triple Crown Night to benefit Marisa's Mission, Inc.
Saturday, May 20, 2023 - Lombardo's, Randolph
Derby Attire & Hats Encouraged

The annual Triple Crown Night event supports Marisa's Mission, Inc. to make a difference in the lives of cancer patients and their families. Event proceeds will be used by the foundation, a 501(c)(3) nonprofit organization to improve the quality of life by inspiring hope, supporting research, and meeting the needs of those impacted by this disease.

SPONSORSHIP OPPORTUNITIES

Select One

- SUPERFECTA Sponsor** **\$10,000**
Recognition during the speaking program
Dedicated email blast thanking company to all of our subscribers
Logo displayed on front cover of event brochure
Logo prominently displayed on step & repeat red carpet backdrop at event
Two reserved tables for 10 guests each with wine
VIP access to after party
- TRIFECTA Sponsor** **\$5,000**
Dedicated email blast thanking company to all of our subscribers
Logo displayed on event brochure
Logo prominently displayed on step & repeat red carpet backdrop at event
Reserved table for 10 guests with wine
VIP access to after party
- EXACTA Sponsor** **\$3,000**
Sponsor name displayed in event brochure
Reserved table for 10 guests with wine
VIP access to after party
- QUINELLA Sponsor** **\$1,000**
Reserved event tickets for 2 guests
Sponsor name displayed in event brochure
VIP access to after party
- WINNER'S CIRCLE Sponsor** **\$500**
Name/Business on Winner's Circle display on night of event
(Does not include ticket)
- Contribution/Donation** (100% tax deductible)
I am unable to attend, but would like to make a contribution of \$ _____

*Contribution/donation can also be made via our website <https://marisas-mission.org/donate/>



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RESERVATION FORM

SUPERFECTA Sponsor	_____	\$10,000
TRIFECTA Sponsor	_____	\$ 5,000
EXACTA Sponsor	_____	\$ 3,000
QUINELLA Sponsor	_____	\$ 1,000
WINNER'S CIRCLE Sponsor	_____	\$ 500
Contribution/Donation (100% tax deductible)	\$ _____	
TOTAL AMOUNT ENCLOSED	\$ _____	

*For sponsorships including tickets and/or a table at the event, please make sure to provide your email below so that we can finalize guest list and/or seating arrangements closer to the event date.

Please complete this form and send with payment to:
 Marisa's Mission, Inc. • P.O. Box 850061 • Braintree, MA 02185

<input type="checkbox"/> Paying By Check Please make check payable to: Marisa's Mission, Inc.	<input type="checkbox"/> Paying By Credit Card Name on Card _____ Card number _____ Expiration Date _____ Zip _____ CVV _____	<input type="checkbox"/> Pay Online Visit our event website at: https://givebutter.com/69AcER
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My Company Has A Matching Gift Program
 Double the impact of your gift at no additional cost

Sponsors ONLY: Complete how you would like to be listed on printed materials.
 (ie: Company Logo, Individual Name, Family Name)

Name: _____
 Title: _____
 Company Name: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Fax: _____
 Zip: _____ Email:* _____