

CRI's Virtual Summer Party

Event Information Sponsorship Opportunities and Benefits

- WHAT:** Community Research Initiative's Virtual Summer Party
Honoring AIDS Support Group of Cape Cod
- WHEN:** August 7, 2021, 4:00pm-5:00PM
- WHERE:** In your living room!
- WHY:** During these unprecedented times, CRI has managed to extend coverage and reduce barriers to much needed care for our clients and study participants. However, due to many people being laid off or furloughed during this time we are seeing an increase in the number of clients with no insurance. Your sponsorship will allow us to stay on top of the increased demand on our programs.

Red Ribbon Sponsor—\$5,000

Logo in rooms as event sponsor; opportunity to host room; 15 virtual tickets; your logo featured on the event website, in promotional and marketing materials; logo on welcome packet collateral sent to all attendees; acknowledgement by event hosts during program and sponsorship highlight on CRI's social media outlets.

Advocate—\$2,500

Opportunity to host room; 10 virtual tickets; your logo featured on the event website, in promotional and marketing materials, and on onsite signage; and sponsorship highlight on CRI's social media outlets.

Benefactor—\$1,000

Opportunity to host room; 8 virtual tickets; your logo featured on the event website, in promotional and marketing materials, and on virtual event space; and sponsorship highlight on CRI's social media outlets.

Supporter—\$500

6 virtual tickets; Logo/name on welcome packet collateral sent to all attendees; Social media shout out

Friend—\$250

4 virtual tickets; Logo/name on welcome packet collateral sent to all attendees; Social media shout out

Questions? Contact Kevin Hudson at 617.502.1710 or khudson@crine.org

CRI is a 501(c)(3) organization. Tax ID# 043045706.

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Sponsor Payment Information

Yes! I want to sponsor the Provincetown Summer Party and CRI's life-changing programs and research

Red Ribbon Sponsor—\$5,000

Advocate—\$2,500

Benefactor—\$1,000

Supporter—\$500

Friend—\$250

Organization/name _____

Name to be acknowledged on CRI materials _____

Address _____

City, State, Zip _____

Contact name _____ Email _____

Phone _____ Website _____

Payment type (check one): Visa/MasterCard Check Pledge

Credit Card Information

First name _____

Last name _____

Credit card number _____

Expiration date _____ 3-digit verification code (CVV) _____

Signature _____

Please return this form to Kevin Hudson at khudson@crine.org.

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