

RESPONSE FORM

Sponsor: _____

Full Mailing Address: _____

Website: _____

Social Media Handle/s: _____

Name to be listed publicly: _____

Please PRINT sponsor name exactly as it should appear on all event materials.

☐ Check here to remain anonymous.

Contact Person: _____

Title: _____

Phone: _____

Email: _____

Assistant Name: _____

Assistant Email: _____

I/we are pleased to sponsor BSCP's Evening of Hope at the following level:

- ☐ Hope Visionary: \$100,000+
- ☐ Champion: \$75,000
- ☐ Leader: \$50,000
- ☐ Benefactor: \$25,000
- ☐ Advocate: \$12,500
- ☐ Sponsor: \$5,000
- ☐ Patron: \$3,000

I/we are unable to sponsor but would like to:

- ☐ Purchase tickets: _____ tickets at \$500 each totaling \$_____
- ☐ Purchase an ad in the program book (*check one*):
\$1,500/full page \$950/half page
- ☐ Sponsor a Student: \$_____ (\$1,000 minimum)
- ☐ Make a Donation: \$_____

Please complete this form and email to:

KCronin@kmcproductions.com with the
subject line "Evening of Hope 2025."

You can also send your completed form by mail to:

Evening of Hope 2025
c/o KMC Productions, Inc.
150 Wood Road, Suite 300
Braintree, MA 02184

Please reserve your tickets and tables no later than Wednesday, October 1, 2025.

For event-related questions, please contact BSCP Executive Director Hollie Borek DeSilva at
Hollie_DeSilva@hms.harvard.edu or 617-432-0552, or Kathy Cronin from KMC Productions at
KCronin@kmcproductions.com or 781-356-6616.