



MASSACHUSETTS
EYE AND EAR

2020 Corporate Support Agreement

Contact Information

Name: _____ Title: _____

Organization: _____
(please print name(s) as you would like to appear in recognition materials)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Commitment

Please refer to the Corporate Support Opportunities page for a description of benefits associated with your selected level.

- Pinnacle: \$20,000 Silver: \$3,000
 Platinum: \$10,000 Bronze: \$1,500
 Gold: \$5,000

We pledge our support for Team Eye and Ear member
(if applicable): _____

Submit / Contact

Team Eye and Ear, c/o Development Office
Mass. Eye and Ear
243 Charles Street, Boston, MA 02114
email: stacy_kelly@meei.harvard.edu
phone: (617) 573-3035

Deadline

The deadline to guarantee inclusion on Team Eye and Ear apparel and other branding opportunities is March 23, 2020.

Method of Payment

Check Enclosed
(payable to the "Foundation of Mass. Eye and Ear, Inc." with "Team Eye and Ear" written on the memo line.)

Charge the following credit card

Type of card: Visa MasterCard AmEx Discover

Card number: _____

Expiration date: _____

Name on card: _____

Signature: _____

Signature: _____ Date: _____

John Hancock