



Together for Hope

Sponsorship Prospectus

Together for Hope 2025

Shaping the Future of Addiction Care

This 2-day conference will bring together academic and community organizations focused on prevention and treatment of substance use disorders (SUDs) in Boston including physicians, nurses, behavioral health clinicians, researchers, recovery coaches, peer support workers, harm reduction specialists, policy makers,

and those with lived experience of SUD for the purpose of collaboration and sharing.

Learn More

For more information about Together for Hope 2025, go to [**bmc.org/tfh2025**](https://bmc.org/tfh2025)



Event Details

Date:

April 16 & 17, 2025

Location:

DCU Center
50 Foster St, Worcester, MA 01608



Sponsorship Levels

Platinum Sponsor - \$40,000

- 10 premium seats
- 10 Community/Scholarship tickets
- Mention in opening remarks
- Business name & logo included on:
 - ☐ Website
 - ☐ Onsite signage
 - ☐ Promotional communications
- Tabling spot in exhibitor space
- Social Media spotlight

Gold Sponsor - \$25,000

- 8 premium seats
- 2 Community/Scholarship tickets
- Mention in opening remarks
- Business name & logo included on:
 - ☐ Website
 - ☐ Onsite signage

Silver Sponsor - \$10,000

- 4 premium seats
- 1 community/scholarship ticket
- Business name & logo included on:
 - ☐ Website
 - ☐ Onsite signage

Bronze Sponsor - \$5,000

- 2 premium seats
- Business name & logo on event website



I would like to support Together for Hope 2025 at the following level:

- ☐ Platinum Sponsor - \$40,000
- ☐ Gold Sponsor - \$25,000
- ☐ Silver Sponsor - \$10,000
- ☐ Bronze Sponsor - \$5,000
- ☐ Individual Ticket - \$375 per person. Reserve ____ ticket(s)
- ☐ Ticket Underwriting - \$375 per person. Reserve ____ ticket(s) to patients and their caregivers

In accordance with IRS and donor advised fund (DAF) guidelines, gifts recommended through DAFs are an acceptable way to make a general donation towards an event; however, if a donor wishes to sponsor or attend the event, they must purchase individuals tickets for \$375 for themselves and any guests separately from their DAF grant. Please contact events@bmc.org in advance of recommending a gift via a DAF for more details.

A gift of \$ _____ has been: ☐ enclosed (payable to Boston Medical Center) ☐ pledged

Attending: ☐ Not Attending: ☐

Contact Name: _____ Title/Organization: _____

Name as it should appear for recognition: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Please return completed form to partnerships@bmc.org or the Office of Development at 960 Massachusetts Ave Floor 2, Boston, MA 02118

Boston Medical Center Tax ID: 04-3314093