

Make-A-Wish®
MASSACHUSETTS AND RHODE ISLAND

EVENING
OF
Wishes

November 1, 2025 | WaterFire Arts Center, Providence, RI

**SPONSORSHIP
OPPORTUNITIES**



EVENING OF *Wishes*

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WaterFire Arts Center
Providence, RI

Evening of Wishes

We look forward to coming together to celebrate our wish children and our community who continue to support the Make-A-Wish Massachusetts and Rhode Island mission, to spread joy and hope to children facing critical illnesses. Whether this is your first Evening of Wishes or your twelfth, we hope you will join us as we come together to raise vital funds to make wishes come true for our children.

Our Mission and Vision

Make-A-Wish Massachusetts and Rhode Island creates life-changing wishes for children with critical illnesses. We are dedicated to making every eligible child's wish come true.

A History of Joy

A little girl named Colleen wrote the first chapter in the organization's storied history. Her wish to visit York Beach was an uplifting respite from her struggle with Niemann-Pick disease — and represented the very first wish fulfilled by Make-A-Wish Massachusetts and Rhode Island.

Since our founding over 40 years ago, we have granted wishes for nearly 11,000 children in our two-state region.

Our Future

According to information from the Centers for Disease Control and Prevention, more than 500 children in our territory are diagnosed with life-threatening medical conditions each year. As a Make-A-Wish Massachusetts and Rhode Island supporter, you can help ensure that each and every one of these children experiences the joy and hope that comes from having a wish fulfilled.

FOR MORE INFORMATION, CONTACT:

Michael Vieira, Vice President, Advancement
Phone: 401.781.9474
Email: mvieira@massri.wish.org

Make-A-Wish®
MASSACHUSETTS AND RHODE ISLAND



SPONSORSHIP OPPORTUNITIES

PRESENTING SPONSOR - \$25,000

- Preferred seating for twenty guests (two tables)
- Stories of the two special wishes granted through your support
- Recognition from podium at the event
- Opportunity to participate in the program
- Signature placement of name and logo in all pre- and post-event materials, press materials, signage, invitations (time sensitive), and other related communications
- Sponsor name featured in event program and signage
- Post-event recognition
- Additional customized benefits as mutually agreed upon

HOPE SPONSOR - \$15,000

- Preferred seating for twenty guests (two tables)
- Story of the special wish granted through your support
- Sponsor name and logo prominently placed in all pre- and post-event materials, press materials, signage, and invitations (time sensitive)
- Sponsor name featured in event program and signage
- Post-event recognition

STRENGTH SPONSOR - \$10,000

- Preferred seating for ten guests (one table)
- Story of the special wish granted through your support
- Sponsor name and logo prominently placed in all pre- and post-event materials, press materials, signage, and invitations (time sensitive)
- Sponsor name featured in event program and signage
- Post-event recognition

JOY SPONSOR - \$6,000

- Preferred seating for ten guests (one table)
- Sponsor name prominently placed in pre- and post-event materials as appropriate (time sensitive)
- Sponsor name featured in event program and signage
- Post-event recognition

WISH FRIEND SPONSOR - \$3,000

- Seating for four
- Sponsor name featured in event program and signage

INDIVIDUAL TICKETS - \$500

SPONSORSHIP OPPORTUNITIES

PLEASE SELECT YOUR LEVEL OF SPONSORSHIP

- ☐ **PRESENTING SPONSOR**.....\$25,000
- ☐ **HOPE SPONSOR**.....\$15,000
- ☐ **STRENGTH SPONSOR**.....\$10,000
- ☐ **JOY SPONSOR**.....\$6,000
- ☐ **WISH FRIEND SPONSOR**.....\$3,000
- ☐ **# INDIVIDUAL TICKETS**.....\$500



*I wish to be a garbage
truck driver*

Alan, 4
cystic fibrosis

SPONSOR/PAYMENT INFORMATION

Your Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Name (as you would like it to appear in promotional materials): _____

☐ I cannot participate in the event, but would like to help make wishes come true with a donation of \$ _____

☐ My company will match the following amount of my donation \$ _____

☐ Please invoice me.

☐ Check enclosed.
(made payable to Make-A-Wish® Massachusetts and Rhode Island)

☐ Please charge my:

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

☐ Please send me electronic transfer instructions.

Name on Card: _____

Card Number: _____

Exp. Date: ____ / ____ Security Code: _____

PLEASE RETURN COMPLETED FORM TO:

Michael Vieira
1 State Street, 5th Floor
Providence, Rhode Island 02908
Fax: 401.781.9475

FOR MORE INFORMATION, CONTACT:

Michael Vieira
Phone: 401.781.9474
mvieira@massri.wish.org

Please Note: To ensure recognition in the Evening of Wishes program and event materials, pledges must be received by **September 1, 2025**. Please contact mvieira@massri.wish.org for assistance.

Make-A-Wish
MASSACHUSETTS AND RHODE ISLAND

OUR MISSION AND VISION

Make-A-Wish® Massachusetts and Rhode Island creates life-changing wishes for children with critical illnesses. We are dedicated to making every eligible child's wish come true.

RHODE ISLAND ADVISORY COUNCIL

Chair

Bill Loehning, *Barrington, Rhode Island*

Members

David Antunes, *Wish Dad*

Aaron Bishop, *Starck Architects*

Tyla Bucher, *Movano*

Brendon Integlia, *MIBIT Capital Partners*

Scott Lisi, *Bentley Builders*

Jim Loring, *Amica Insurance*

Al Marsocci, *Ferreira Construction*

Michelle Muscatello, *Delta Dental of Rhode Island*

Shannon O'Connor Berube, *Textron, Inc.*

Joe Perroni, *Delta Dental of Rhode Island*

Anthony Pontrelli, *Providence Bruins*

Henry Sheehan, *Sheehans Office Interiors*

Paul Tierney, *Bentley Builders*

Gregg Tumeinski, *Beacon Mutual*



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