Make-A-Wish®
MASSACHUSETTS AND RHODE ISLAND

EVENING OF *Wishes*

November 14, 2026 | 6:00 P.M. | WaterFire Arts Center, Providence, RI

SPONSORSHIP OPPORTUNITIES

EVENING OF Wishes

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WaterFire Arts Center
Providence, RI

Evening of Wishes

Celebrate with us as we come together to bring joy, hope, and strength to wish children and their families. Share in a memorable evening as you experience the power of the Make-A-Wish® Massachusetts and Rhode Island mission through inspiring stories from wish recipients and members of our community of supporters. Enjoy a cocktail reception, mission-focused dinner program, and creative opportunities to contribute throughout the night. Your attendance and generosity through Evening of Wishes will raise vital funds to make wishes come true for local children with critical illnesses.

FOR MORE INFORMATION, CONTACT:

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

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The Rhode Island Anchor Award

The presentation of the **Rhode Island Anchor Award** is an opportunity to honor those who play a key role in bringing joy and hope to children with critical illnesses in Rhode Island, and those who anchor us to our community.

This year's Anchor Award will be presented to **The Integlia Family Foundation** in recognition of its enduring commitment to wish children across Rhode Island. The foundation's support dates back to the donation of our first Rhode Island office space and has grown into a meaningful example of what it means to champion our mission. The Integlia Family's tradition of giving back has impacted hundreds of children in Rhode Island who are living with critical illnesses, delivering essential hope, strength, and joy through the power of a wish and the extended journey of alumni through our Wish Community.

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

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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**

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

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Please Note: To ensure recognition in the Evening of Wishes program and event materials, pledges must be received by **November 1, 2026.** Please contact mvieira@massri.wish.org for assistance.

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

@MassRIWish

@MakeAWishMassRI

massri.wish.org

@MakeAWishMARI

Make-A-Wish® Massachusetts and Rhode Island

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