# **MEMBERSHIP FORM**





# ☐ Yes, I want to join the *Business Friends Society* today!

Benefits are good for one year. Membership is limited to one per business. Do you have a different idea for how we can partner with you and your business? Please contact us.

Business Name:					
(As it should appear in publications)					
Contact Name(s):					
Primary Address:		City, State Zip _			
Phone:	Email:				
Mailing Address (if different from above):					
Method of Payment:					
☐ Check enclosed (payable to Mount Desert Island Hospital)					
□ Please charge my credit card #			Ехр	/	_
Billing Address of Card:					_
Signature as it appears on card					_
You may also make your gift online at www.mdihospital.org/gi	ive by selecti	ng "Business Friend	ls Society" (	as the desig	nation.

## **MEMBERSHIP LEVEL (please select one):**

#### ☐ Friend of MDI Hospital (\$100)

- · Name and link to your business website on MDI Hospital's Business Friends Society webpage
- Name listed in end-of-year newsletter and newspaper ad thanking all Business Friends Society members for their support
- An MDI Hospital Business Friends Society decal to proudly display at your business to show that you support access to compassionate, quality healthcare in our community

#### □ Community of Care (\$250)

All of the benefits listed above, plus:

- A listing on our Business Friends Society framed wall display in all MDI Hospital Health Centers (56,000+ visits annually)
- Name displayed on MDI Hospital TV in Business Friends Society listing

### ☐ Connectors of Care (\$500)

All of the benefits listed above, plus:

- One post advertising your business on MDI Hospital's social media pages
- A half-page article or advertisement in one of our quarterly donor newsletters
- A personalized article on MDI Hospital's website featured in "Spotlight on MDI Hospital" on the homepage

#### ☐ Circle of Care (\$1,000)

All of the benefits listed above, plus:

- A boosted post advertising your business on MDI Hospital's social media pages
- A full-page article or advertisement in one of our quarterly donor newsletters
- A featured recognition of your business will run on MDI Hospital TV

Questions? Please contact Heather D. Jones, Advancement Officer at (207) 801-8709 or heather.jones@mdihospital.org

Please mail this form with your gift to: MDI Hospital | Office of Advancement | PO Box 8 | Bar Harbor, ME 04609