

Yes, I want to join MDI Hospital's Business Friends Society today!

Benefit Level (select one)

Each level includes benefits listed and all below.

Circle of Care (\$1,000)

- A boosted post advertising your business on MDI Hospital's social media pages
- A full-page article or advertisement in one of our printed and/or email publications

Connectors of Care (\$500)

- One post advertising your business on MDI Hospital's social media pages
- A half-page article or advertisement one of our printed and/or email publications
- A personalized article on MDI Hospital's website
- Logo and link to your business website on MDI Hospital's Business Friends Society webpage
- Your business logo on our Business Friends Society wall display in all MDI Hospital Health Centers

Community of Care (\$250)

- Your business name prominently displayed at our annual Community Celebration event, highlighting your commitment to local healthcare

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
- A listing on our Business Friends Society framed wall display in all MDI Hospital Health Centers (56,000+ visits annually)
- Receive email notifications of upcoming classes and events, such as ServSafe and CPR/First Aid classes

Sponsor an Event

- Please contact Robyn Clark, Advancement Officer at (207) 801-8278 or robyn.clark@mdihospital.org

Method of Payment:

- Check enclosed (payable to Mount Desert Island Hospital)

To make your gift by credit card, please visit www.mdihospital.org/give-now or scan the QR code and select "Fund for MDI Hospital" as the designation.

Scan to
Give Now



Your Business Info:

Business Name: _____
(As it should appear in publications)

Contact Name(s): _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Please mail this form with your gift to:

MDI Hospital | Office of Advancement | PO Box 8 | Bar Harbor, ME 04609