

MORTON HOSPITAL FALL FESTIVAL

SUNDAY, SEPTEMBER 27
2 P.M. TO 6 P.M.
DEEP POND FARM AND STABLES
TAUNTON, MA



Morton Fall Fest is a free, family-friendly community celebration designed to reconnect Morton Hospital with the people it serves. Held at Deep Pond Farm and Stables, this welcoming outdoor event will bring together local residents, businesses, and healthcare professionals for an afternoon of live entertainment under the new pavilion, seasonal offerings from the Farmhouse Bar & Kitchen, and engaging activities for all ages.

As Morton Hospital reestablishes itself as a nonprofit and a part of Brown University Health, Fall Fest is an opportunity for our community and local partners to come together in support of strengthening local healthcare and ensuring high-quality care remains close to home.

Proceeds from sponsorships directly support Morton Hospital's areas of greatest need—helping to enhance patient care, expand access to services, and invest in the health and well-being of the community.

SPONSORSHIP OPPORTUNITIES

PRESENTING SPONSOR **\$10,000**

(Industry Exclusive Opportunity)

- "Presenting Sponsor" recognition with premier logo placement across all event materials, including on-site signage, print, and digital promotions
- Main stage sponsorship with prominent logo placement, verbal recognition, and opportunity to provide brief remarks
- Premier booth space to feature your organization with the opportunity to distribute branded giveaways
- Two reserved tables under the pavilion
- Recognition in media outreach and press releases
- Social media recognition
- Exclusive meet-and-greet opportunity with Morton Hospital leadership

Fair market value \$450

GOLD SPONSOR **\$5,000**

- Prominent logo recognition on event signage and website
- Recognition as the exclusive sponsor of a featured event area or activity
- Premium booth space to feature your organization with the opportunity to distribute branded giveaways
- Reserved table under the pavilion
- Verbal recognition from the main stage
- Social media recognition

Fair market value \$350

SILVER SPONSOR **\$2,500**

- Logo recognition on event signage and website
- Booth space to feature your organization with the opportunity to distribute branded giveaways
- Lawn sign with logo recognition
- Verbal recognition during an event announcement

Fair market value \$250

BRONZE SPONSOR **\$1,000**

- Logo recognition on event signage and website
- Lawn sign with logo recognition
- Table to feature your organization with the opportunity to distribute branded giveaways

Fair market value \$200

COMMUNITY PARTNER **\$500**

Name recognition on event signage and website

- Lawn sign with logo recognition
- Opportunity to provide branded giveaways for distribution

FRIEND OF MORTON **\$250**

- Lawn sign with logo recognition

FOR MORE INFORMATION

Shannon Tuttle, Senior Development Events Officer,
401-444-4675, stuttle@brownhealth.org

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SPONSOR REGISTRATION

Please respond no later than September 11, 2026.

- | | |
|---|----------|
| ☐ Presenting | \$10,000 |
| ☐ Gold | \$5,000 |
| ☐ Silver | \$2,500 |
| ☐ Bronze | \$1,000 |
| ☐ Community Partner | \$500 |
| ☐ Friend of Morton | \$250 |
| ☐ We would like to make a contribution of | \$ _____ |
| Total | \$ _____ |

SPONSOR INFORMATION

Company/Individual _____

Contact Name _____

Address _____

City _____

State/Zip _____

Phone _____

Fax _____

Email _____

Please indicate exactly how you would like your name to appear on the recognition materials.

Please email your high resolution logo in a jpg, eps, or pdf format to stuttle@brownhealth.org by September 11, 2026.

By agreeing to sponsor or donate to the event, you also agree that if the event is canceled due to circumstances beyond our control, then your pledge commitment will be designated as a donation to Morton Hospital for its general use and purposes. Alternatively, if you would like to arrange for a refund of your gift or a repurposing of your gift, please contact Shannon Tuttle at stuttle@brownhealth.org or 401-444-4675 within ten business days of the event's cancellation notice.

METHOD OF PAYMENT

- ☐ Please invoice me
- ☐ Check is enclosed for \$ _____.
(Payable to Brown Health Foundation /Morton Hospital)
- ☐ Credit Card (Choose Type)
- ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

NAME ON CARD

Card Number _____

Expiration Date _____ 3/4 Digit Code _____

Signature _____ Date _____

MAIL TO

Brown University Health Foundation
Morton Hospital
Philanthropy Office
P.O. Box H
Providence, RI 02901

REGISTER ONLINE AT

giving.brownhealth.org/Morton-fall-festival

QUESTIONS

Shannon Tuttle
Senior Development Events Officer
Phone: 401-444-4675
Fax: 401-444-8235
Email: stuttle@brownhealth.org