

AUTUMN AFFAIR

SPONSORSHIP OPPORTUNITIES AND BENEFITS AVAILABLE

<p>■ \$20,000 Presenting Sponsor EXCLUSIVE</p>	<p>■ \$15,000 Sponsor MULTIPLE AVAILABLE</p>	<p>■ \$10,000 Sponsor MULTIPLE AVAILABLE</p>	<p>■ \$7,500 Sponsor MULTIPLE AVAILABLE</p>
<ul style="list-style-type: none"> Name and logo on invitation Full Page Ad on the back inside cover of printed program Name and logo on back cover of printed program VIP Sponsor Tables (20 tickets) Recognition from podium the evening of the event Logo recognition on screens at event Name and logo on hospital scrolling screens for event promotion Recognition on promotional material Name and logo on online registration form 	<ul style="list-style-type: none"> Name and logo on invitation Name and logo on back cover of printed program Sponsor Table (10 tickets) Recognition from podium the evening of the event Logo recognition on screens at event Name and logo on hospital scrolling screens for event promotion Recognition on promotional material Name and logo on online registration form 	<ul style="list-style-type: none"> Name and logo on each live auction paddle that will be given to each guest upon arrival Name and logo on back cover of printed program Sponsor Table (10 tickets) Recognition from podium the evening of the event Name and logo on hospital scrolling screens for event promotion Recognition on promotional material 	<ul style="list-style-type: none"> Name and logo on back cover of printed program Sponsor Table (10 tickets) Recognition from podium the evening of the event Name and logo on hospital scrolling screens for event promotion Recognition on promotional material
<p>■ \$5,000 Patron</p>	<p>■ \$2,500 Patron</p>	<p>■ \$1,000 Patron</p>	
<ul style="list-style-type: none"> One Table (10 Tickets) Listing in Program Listing on Screens at Event 	<ul style="list-style-type: none"> 4 Tickets Listing in Program Listing on Screens at Event 	<ul style="list-style-type: none"> 2 Tickets Listing in Program Listing on Screens at Event 	

GENERAL UNDERWRITING - Listing in program starting at \$250. Underwriting amount: _____

CONTACT NAME _____

COMPANY _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

CREDIT CARD TYPE ■ VISA ■ MASTERCARD ■ AMERICAN EXPRESS ■ DISCOVER

CREDIT CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____

Please submit by August 24, 2020

Please make checks payable to Elmhurst Memorial Hospital Foundation and return to:

155 E. Brush Hill Road, Elmhurst, IL 60126

Phone: (331) 221-0388

Or by email to Blair.Williams@EEHealth.org