



**SPONSORSHIP  
OPPORTUNITIES  
AND  
BENEFITS AVAILABLE**

<input type="checkbox"/> \$20,000 Presenting Sponsor <i>MULTIPLE AVAILABLE</i>	<input type="checkbox"/> \$15,000 Front Line Sponsor <i>MULTIPLE AVAILABLE</i>	<input type="checkbox"/> \$10,000 Community Sponsor <i>MULTIPLE AVAILABLE</i>	<input type="checkbox"/> \$7,500 Quality of Care Sponsor <i>MULTIPLE AVAILABLE</i>
<ul style="list-style-type: none"> <li>• Presenting rights on all promotional materials</li> <li>• Logo on printed invitation</li> <li>• Hyperlink to ad on sponsor page</li> <li>• Recognition by emcee evening of the event</li> <li>• Name and logo on hospital scrolling screens for event promotion</li> <li>• Name and logo on online registration form</li> </ul>	<ul style="list-style-type: none"> <li>• Logo on printed invitation</li> <li>• Hyperlink to ad on sponsor page</li> <li>• Recognition by emcee evening of the event</li> <li>• Name and logo on hospital scrolling screens for event promotion</li> <li>• Recognition on promotional material</li> </ul>	<ul style="list-style-type: none"> <li>• Hyperlink to ad on sponsor page</li> <li>• Recognition by emcee evening of the event</li> <li>• Name and logo on hospital scrolling screens for event promotion</li> <li>• Recognition on promotional material</li> </ul>	<ul style="list-style-type: none"> <li>• Recognition by emcee evening of the event</li> <li>• Name and logo on hospital scrolling screens for event promotion</li> <li>• Recognition on promotional material</li> </ul>
<input type="checkbox"/> \$5,000 Patron	<input type="checkbox"/> \$2,500 Patron	<input type="checkbox"/> \$1,000 Patron	
<ul style="list-style-type: none"> <li>• Listing on website</li> <li>• Listing on sponsor page</li> </ul>	<ul style="list-style-type: none"> <li>• Listing on website</li> <li>• Listing on sponsor page</li> </ul>	<ul style="list-style-type: none"> <li>• Listing on website</li> <li>• Listing on sponsor page</li> </ul>	

All sponsorship levels include an allocated amount of In-person tickets. Please let the Foundation know if you would like to discuss this opportunity.

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 \_\_\_\_\_ CVV \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**PLEASE SUBMIT BY AUGUST 2, 2021**

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