

**Advocate Sherman Hospital's 15-acre Geothermal Lakeside**  
Proceeds benefit the Advocate Sherman Hospital Musicians Care Program

**SPONSORSHIP ENTITLEMENTS**

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I/We wish to make a gift as indicated below (check mark selection):

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Composing Sponsor</b> <b>\$10,000</b><br><input checked="" type="checkbox"/> Two flagship tables of ten (20 tickets)<br><input checked="" type="checkbox"/> Corporate logo on event invitations and Sherman Hospital digital screens as presenting sponsor<br><i>(commitment received by 6/15/19)</i><br><input checked="" type="checkbox"/> Pre-event recognition on Sherman Hospital Physician digital screens and Sherman Physician e-newsletters<br><input checked="" type="checkbox"/> Recognition during event speaking program<br><input checked="" type="checkbox"/> Recognition on event video screens<br><input checked="" type="checkbox"/> Corporate logo on event program card and sponsor list | <input type="checkbox"/> <b>Musician Sponsor</b> <b>\$1,000</b><br><input checked="" type="checkbox"/> Seating for four (4 tickets)<br><input checked="" type="checkbox"/> Recognition on event video screens<br><input checked="" type="checkbox"/> Name inclusion on event sponsor list  |
| <input type="checkbox"/> <b>Maestro Sponsor</b> <b>\$7,500</b><br><input checked="" type="checkbox"/> Prominent table of ten (10 tickets)<br><input checked="" type="checkbox"/> Corporate logo on event invitations and Sherman Hospital digital screens as presenting sponsor<br><i>(commitment received by 6/15/19)</i><br><input checked="" type="checkbox"/> Pre-event recognition on Sherman Hospital Physician digital screens and Sherman Physician e-newsletters<br><input checked="" type="checkbox"/> Recognition during event speaking program<br><input checked="" type="checkbox"/> Recognition on event video screens<br><input checked="" type="checkbox"/> Corporate logo on event program card and sponsor list        | <input type="checkbox"/> <b>Note Sponsor</b> <b>\$500</b><br><input checked="" type="checkbox"/> Seating for two (2 tickets)<br><input checked="" type="checkbox"/> Recognition on event video screens<br><input checked="" type="checkbox"/> Name inclusion on event sponsor list   |
| <input type="checkbox"/> <b>Concert Sponsor</b> <b>\$5,000</b><br><input checked="" type="checkbox"/> Select table of ten (10 tickets)<br><input checked="" type="checkbox"/> Pre-event recognition on Sherman Hospital Physician digital screens<br><input checked="" type="checkbox"/> Recognition on event video screens<br><input checked="" type="checkbox"/> Name inclusion on event sponsor list  | <input type="checkbox"/> <b>Recognition</b> <b>\$350</b><br><input checked="" type="checkbox"/> Recognition on event video screens   |
| <input type="checkbox"/> <b>Quartet Sponsor</b> <b>\$2,500</b><br><input checked="" type="checkbox"/> Seating for six (6 tickets)<br><input checked="" type="checkbox"/> Pre-event recognition on Sherman Hospital Physician digital screens<br><input checked="" type="checkbox"/> Recognition on event video screens<br><input checked="" type="checkbox"/> Name inclusion on event sponsor list   | <input type="checkbox"/> <b>Table Host</b> <b>\$1,250</b><br><input checked="" type="checkbox"/> Table of ten (10 tickets)   |
|  | <input type="checkbox"/> <b>Adult Individual Ticket(s)#_____@\$125 each</b><br><input type="checkbox"/> <b>Child (under 10) Ticket(s)#_____@\$50 each</b><br><input type="checkbox"/> <b>I cannot attend, please accept my donation of: \$_____</b><br><input type="checkbox"/> <b>I choose not to accept tickets thus making my gift fully tax deductible.</b><br><input type="checkbox"/> <b>Total Sponsorship and Tickets \$_____</b> |

Opportunities for underwriting a specific portion of the event are also available. For more information, please contact Jose Macias at 224-783-3021 or [jose.macias@advocatehealth.com](mailto:jose.macias@advocatehealth.com). Underwriters receive name recognition on event video presentation and program card.

**Sponsor and Screen Recognition**

Please print your name or the name of your company below for recognition at the event.

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Please note that all individuals who make a donation of \$1,000 and above will become Presidents Society Members.

All corporate donors of \$10,000 and above will receive membership into Advocate Aurora Health Care's Corporate Partners in Philanthropy Program, which includes an exclusive invitation to the Corporate Briefing Breakfast.

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## **PAYMENT INFORMATION**

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please enclose a check payable to Advocate Charitable Foundation to secure your reservation today!

To secure your tickets or sponsorship via credit card please visit our event page at

[Advocategiving.org/MBTW](http://Advocategiving.org/MBTW)

**Please return this completed form by August 9, 2019 to:**

Music by the Water 2019

c/o Advocate Charitable Foundation

3075 Highland Parkway, Suite 600

Downers Grove, IL 60515

Your charitable gift is tax deductible to the extent allowed by law. Tax ID #: 36-3297360.

For more information about the event, tickets and sponsorships, please contact

Mary Kay Moersch at [mary.moersch@advocatehealth.com](mailto:mary.moersch@advocatehealth.com) or 224.783.2500.

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## **GUEST NAMES**

Please list all guest names and return completed form with your check payment. If you are paying by credit card, please list guest names with your online registration or e-mail to [Mary.Moersch@advocatehealth.com](mailto:Mary.Moersch@advocatehealth.com).

Guest names are required for entry.

1. \_\_\_\_\_

6. \_\_\_\_\_

2. \_\_\_\_\_

7. \_\_\_\_\_

3. \_\_\_\_\_

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9. \_\_\_\_\_

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10. \_\_\_\_\_