

Proceeds from the virtual Music by the Water event will be split to benefit both Sherman Hospital's COVID Relief Fund, as well as the Musicians Care program that brings therapeutic music to the patients and families we serve at Advocate Sherman Hospital. In effort to give COVID+ patients every opportunity to heal with comfort, the Musicians Care program became virtual in June.

Sponsorship Level	Composing Sponsor	Maestro Sponsor	Concert Sponsor	Quartet Sponsor	Musician Sponsor	Note Sponsor
<b>Investment amount</b>	<b>\$10,000</b>	<b>\$7,500</b>	<b>\$5,000</b>	<b>\$2,500</b>	<b>\$1,000</b>	<b>\$500</b>
# e-tickets per sponsor	10	5	5	3	2	1
<b>Pre-event entitlements</b>						
Name/Company displayed on event website	✓	✓				
Name/Company listed on event emails	✓	✓				
Recognition on Sherman Hospital Physician digital screens	✓	✓	✓	✓		
<b>Day-of-event entitlements</b>						
Verbal recognition during virtual program	✓	✓				
Recognition on scrolling banner during virtual program*	✓	✓	✓	✓	✓	✓
<b>Post-event entitlements</b>						
Advocate Aurora Health's Corporate Partners in Philanthropy Program membership	✓					
<b>Individual Tickets</b>						
Household e-ticket	\$50					

For more information about the event, tickets and sponsorships, please contact Adrianna Fuller at 312.825.2248 or [Adrianna.Fuller@aah.org](mailto:Adrianna.Fuller@aah.org).

**To secure tickets or sponsorship via credit card please visit our event page at [advocategiving.org/MBTW](https://advocategiving.org/MBTW).**

Due to production deadline:

\*Sponsorship commitments of \$1,000+ must be made by September 11, 2020, for inclusion in the virtual event.

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

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

Please note that a charitable contribution is not premised or conditioned upon conducting business with Advocate Aurora Health.

## SPONSOR AGREEMENT

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

- Composing Sponsor - \$10,000
- Maestro Sponsor - \$7,500
- Concert Sponsor - \$5,000
- Quartet Sponsor - \$2,500
- Musician Sponsor - \$1,000
- Note Sponsor - \$500

- \$\_\_\_\_\_ Donation
- \_\_\_\_\_ (Qty) Household e-tickets at \$50 each

Total amount enclosed: \$\_\_\_\_\_

Please print exactly how you would like your name/company to be listed:

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## PAYMENT INFORMATION

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

To secure your tickets or sponsorship via credit card please visit our event page at [advocategiving.org/MBTW](http://advocategiving.org/MBTW).

If you prefer to pay by check, please contact Adrianna Fuller at 312.825.2248 or [Adrianna.Fuller@aah.org](mailto:Adrianna.Fuller@aah.org) to secure your reservation today!

## GUEST INFORMATION

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Please list a household name and email addresses below or e-mail to [Paige.Vranas@aah.org](mailto:Paige.Vranas@aah.org). If registering online, please list names and email addresses in the online registration.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Please return this completed form by September 11, 2020, to [Adrianna.Fuller@aah.org](mailto:Adrianna.Fuller@aah.org).

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