

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

SPONSORSHIP ENTITLEMENTS

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

- | | |
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| <p><input type="checkbox"/> Composing Sponsor \$10,000</p> <ul style="list-style-type: none"> ✓ Two flagship tables of ten (20 tickets) ✓ Corporate logo on event invitations as presenting sponsor (<i>commitment received by 6/15/18</i>) ✓ Pre-event name recognition on Sherman Hospital digital screens and Sherman Physician e-newsletters ✓ Recognition during event speaking program ✓ Recognition on event video presentation ✓ Corporate logo on event program card <p><input type="checkbox"/> Maestro Sponsor \$7,500</p> <ul style="list-style-type: none"> ✓ Prominent table of ten (10 tickets) ✓ Corporate logo on event invitations as presenting sponsor (<i>commitment received by 6/15/18</i>) ✓ Pre-event name recognition on Sherman Hospital digital screens and Sherman Physician e-newsletters ✓ Recognition during event speaking program ✓ Recognition on event video presentation ✓ Corporate logo on event program card <p><input type="checkbox"/> Concert Sponsor \$5,000</p> <ul style="list-style-type: none"> ✓ Select table of ten (10 tickets) ✓ Pre-event name recognition on Sherman Hospital digital screens ✓ Recognition during event speaking program ✓ Recognition on event video presentation ✓ Name inclusion on event program card <p><input type="checkbox"/> Quartet Sponsor \$2,500</p> <ul style="list-style-type: none"> ✓ Seating for six (6 tickets) ✓ Pre-event name recognition on Sherman Hospital digital screens ✓ Recognition on event video presentation ✓ Name inclusion on event program card | <p><input type="checkbox"/> Musician Sponsor \$1,000</p> <ul style="list-style-type: none"> ✓ Seating for four (4 tickets) ✓ Recognition on event video presentation ✓ Name inclusion on event program card <p><input type="checkbox"/> Note Sponsor \$500</p> <ul style="list-style-type: none"> ✓ Seating for two (2 tickets) ✓ Name inclusion on event program card <p><input type="checkbox"/> Recognition \$350</p> <ul style="list-style-type: none"> ✓ Name inclusion on event program card <p><input type="checkbox"/> Table Host \$1,000</p> <ul style="list-style-type: none"> ✓ Table of ten (10 tickets) <p><input type="checkbox"/> Adult Individual Ticket(s)# _____ @ \$100 each</p> <p><input type="checkbox"/> Child (<i>under 10</i>) Ticket(s)# _____ @ \$50 each</p> <p><input type="checkbox"/> I cannot attend, please accept my donation of: \$ _____</p> <p><input type="checkbox"/> I choose not to accept tickets thus making my gift fully tax deductible.</p> <p><input type="checkbox"/> Total Sponsorship and Tickets - \$ _____</p> <p>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. Underwriters receive name recognition on event video presentation and program card.</p> |
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Sponsor and Screen Recognition

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

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

All corporate donors of \$10,000 and above will receive membership into Advocate Health Care's Corporate Philanthropy Partners program which includes exclusive invitations to the Corporate Briefing Breakfast and Partners Reception at the Presidents Society Event.

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PAYMENT INFORMATION

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

Please return this completed form by August 15, 2018 to:

Music by the Water 2018
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 or 224.783.2500.

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. Guest names are required for entry.

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6. _____

2. _____

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10. _____