



Friday, November 7, 2025

Joe's Live - 5441 Park Place, Rosemont, IL 60018

Benefitting the Cancer Survivorship Center

Sponsorship Opportunity	Double VIP Suite* (Exclusive)	VIP Suite* (2 Avail.)	Platinum	Gold	Silver	Copper
Investment Amount	\$30,000	\$25,000	\$10,000	\$5,000	\$2,500	\$1,000
Tickets included	50 VIP Suite	20 VIP Suite	10 Reserved	6	4	2
Company name or logo included in event promotions.						
Verbal recognition from the stage.						
Qualifies membership into Advocate Health Care's Corporate Partners in Philanthropy program.						
Company name or logo included on event website.						
Company receives recognition in hospital-related communications.						
Recognition on event program card.						
Recognition on digital screens.						
Recognition in event thank you email.						

***VIP suites are on the second floor and include full-stage view, ample seating, bar, food stations and bathrooms.**

For more information, please visit our event page at <https://aah.org/doc-a-palooza>
or email christy.santos@aah.org.



STEP 1: SPONSOR COMMITMENT (BY OCTOBER 24)

YES! I/we would like to support Doc-a-Palooza at the following level (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Double VIP Suite Sponsor - \$30,000 | <input type="checkbox"/> Silver Sponsor - \$2,500 |
| <input type="checkbox"/> VIP Sponsor - \$25,000 | <input type="checkbox"/> Copper Sponsor - \$1,000 |
| <input type="checkbox"/> Platinum Sponsor - \$10,000 | <input type="checkbox"/> _____ ticket(s) at \$250 each |
| <input type="checkbox"/> Gold Sponsor - \$5,000 | <input type="checkbox"/> We cannot participate, please accept our donation of \$ _____ |

STEP 2: SPONSOR RECOGNITION PREFERENCES

For recognition, please print exactly how you would like your name/company to be listed:

Sponsors of \$5,000 and up, please email your logo as soon as possible to: christy.santos@aah.org.

STEP 3: PAYMENT INFORMATION

Visit aah.org/doc-a-palooza for more information or to secure tickets or sponsorship via credit card. To pay by check, fill out the information below. To pledge, email this form to christy.santos@aah.org.

Name: _____ Title: _____

Email: _____ Phone: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Mail your check made payable to Advocate Lutheran General Hospital to

Advocate Lutheran General Hospital
c/o Advocate Charitable Foundation Data Integrity Team
2025 Windsor Drive, Oak Brook, IL 60523

All individuals who donate \$1,000 and above will become members of Advocate Health Care's Visionaries in Health. Please note that a charitable contribution is not premised or conditioned upon conducting business with Advocate Health Care.