



Advocate Illinois Masonic Medical Center

OB-GYN Jazz Brunch

Sunday, April 14, 2024 | 12:00pm-2:30pm

Jazz Showcase | 806 South Plymouth Court, Chicago IL 60605

Benefiting the OB-GYN Department at AIMMC

Name: _____ Phone: _____

Email: _____

Company: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

SPONSORSHIP AND TICKETS

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

☐ **Presenting Sponsor**
\$10,000 (\$15,000 for non-compete)

- 10 tickets
- Premier placement of logo as presenting sponsor on all event collateral
- Premier signage at registration
- Exclusive opportunity to provide company branded item to all attendees
- Sponsorship announcement at the event
- Exclusive meet and greet with Executive Leadership in AIMMC OB-GYN Department
- Opportunity to present to one of our AIMMC Councils

☐ **Jazz Solo**
\$5,000

- 5 tickets
- Recognition on event signage
- Exclusive recognition on signage at bar as host of complimentary specialty brunch beverages
- Sponsorship announcement at the event

☐ **Jazz Combo**
\$2,500

- 3 tickets
- Recognition on event signage
- Sponsorship announcement at the event

☐ **Jazz Fan**
\$1,000

- 2 tickets
- Recognition on event signage
- Sponsorship announcement at the event

☐ **Individual Ticket(s)**
\$100

PAYMENT INFORMATION

To secure your sponsorship, please visit our website at <http://donate.aahgiving.org/jazz> or mail your information to:

Advocate Charitable Foundation

Attn: Special Events
OB-GYN Jazz Brunch
2025 Windsor Drive
Oak Brook, IL 60523

Sponsorships are due no later than **Friday, March 29th** to be included in the day-of-event printed collateral.

Please print company name as you would like to be listed: _____

Donations are tax-deductible to the extent allowable by law. Tax ID #: 36-3297360.

COMPANY/GUEST NAME(S)

List all guest names and return completed form with your check payment. Make check payable to Advocate Charitable Foundation. If you are paying by credit card, please list guest names with your online registration.

Guest names are required for entry:

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

For more information, please contact Kimberly Holmes at 773.296.8382 or kimberly.holmes2@aah.org.