

Advocate Good Shepherd Barn Dance

Saturday, August 29, 2026

Proceeds to benefit Smart Farm at Advocate Good Shepherd



EVENT INVESTMENT OPPORTUNITIES

Sponsorship Level	VIP	Stakeholder	Partner	Collaborator	Champion
Investment amount	\$50,000	\$25,000	\$10,000	\$5,000	\$1,000
# Event tickets	10	8	6	4	2
Pre-event entitlements					
Recognition on Barn Dance mobile bidding platform	✓				
Listing on invitation (confirmed by July 1)	✓	✓			
Listing on event registration website	✓	✓	✓		
Recognition on pre-event emails	✓	✓	✓	✓	
Day-of-event entitlements					
Exclusive VIP lounge area with private bar	✓				
Reserved Seating	✓	✓			
Recognition during speaking program	✓	✓	✓		
Exclusive Parking Options	✓	✓	✓	✓	
Recognition on signage at registration	✓	✓	✓	✓	✓
Recognition on program card	✓	✓	✓	✓	✓
Post-event entitlements					
Recognition on post-event emails	✓	✓	✓	✓	✓

FEATURED UNDERWRITING OPPORTUNITIES

Center Stage Music Sponsor	Watering Hole Cocktail Sponsor	Harvest Fare Food Truck Sponsor
\$10,000	\$5,000	\$2,000
Exclusive – Limit 1	Limit 2	Limit 4 SOLD OUT
Includes two (2) tickets, exclusive signage near the stage, and added recognition entitlements of Partner Sponsor.	Includes two (2) tickets, special signage at the bars, and added recognition entitlements of Collaborator Sponsor.	Includes two (2) tickets, special signage at the food trucks, and added recognition entitlements of Collaborator Sponsor.

For more information, please contact Tammy Darr at (847)269-2159 or Tamara.Darr@aah.org.

To secure tickets or sponsorship via credit card please visit our event page at advocatehealth.org/barndance.

Sponsorships must be secured by **Wednesday, August 12, 2026**, for inclusion on printed materials.

All individuals who donate \$1,000 and above will become members of Advocate Health Care's Visionaries in Health.

All corporate donors of \$10,000 and above will receive membership into Advocate Health Care's Corporate Partnership in Philanthropy Program.

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



SPONSORSHIP AGREEMENT

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

Investment Level

- ☐ VIP - \$50,000
- ☐ Stakeholder - \$25,000
- ☐ Partner - \$10,000
- ☐ Collaborator - \$5,000
- ☐ Champion - \$1,000

Underwriting Opportunities

- ☐ Music - \$10,000
- ☐ Cocktail - \$5,000
- SOLD OUT: Food Truck**

Tickets Only

- ☐ _____ (# qty) Individual tickets at \$175 each

Donation

- ☐ I/We cannot attend but would like to lend support to our community with a donation: \$ _____

PAYMENT INFORMATION

Name: _____ Title: _____

Email: _____ Phone: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Please enclose a check payable to Advocate Good Shepherd Hospital to secure your reservation today!

**To secure your tickets or sponsorship via credit card please visit our event page at
advocatehealth.org/barndance.**

GUEST INFORMATION

Please list all guest names below or e-mail to Tamara.Darr@aah.org. Guest names are required for entry.

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

Please return this completed form by Wednesday, August 12, 2026, to:
Advocate Good Shepherd Barn Dance, c/o Advocate Charitable Foundation
2025 Windsor Drive, Oak Brook, IL 60525

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