

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					
<i>Recognition on Barn Dance mobile bidding platform</i>	✓				
<i>Listing on invitation (confirmed by May 19)</i>	✓	✓			
<i>Listing on event registration website</i>	✓	✓	✓		
<i>Recognition on pre-event emails</i>	✓	✓	✓	✓	
Day-of-event entitlements					
<i>Exclusive VIP lounge area with private bar</i>	✓				
<i>Reserved Seating</i>	✓	✓			
<i>Recognition during speaking program</i>	✓	✓	✓		
<i>Exclusive Parking Options</i>	✓	✓	✓	✓	
<i>Recognition on signage at registration</i>	✓	✓	✓	✓	✓
<i>Recognition on program card</i>	✓	✓	✓	✓	✓
Post-event entitlements					
<i>Recognition on post-event emails</i>	✓	✓	✓	✓	✓

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.

Due to production deadlines, all sponsorships must be secured by **September 2, 2025**, to ensure recognition on printed materials.

All individuals who make a donation of \$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):

Sponsorship Investment Level

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

Tickets Only

- ☐ _____ (qty) Individual tickets at \$150 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 Tuesday, September 2, 2025, to:
Advocate Good Shepherd Barn Dance, c/o Advocate Charitable Foundation
2025 Windsor Drive, Oak Brook, IL 60525