

Advocate Condell Medical Center Fall Event Saturday, October 5, 2024 | Knollwood Country Club, Lake Forest

SPONSORSHIP OPPORTUNITIES

Sponsorship Level	Presenting	Platinum	Diamond	Gold	Silver
Investment amount	\$50,000	\$25,000	\$10,000	\$5,000	\$2,500
# Event tickets	20	10	8	6	4
Pre-event entitlements					
Recognition on mobile bidding platform	✓				
Listing on invitation (confirmed by June 3)	✓	√			
Listing on event registration website	✓	✓	✓		
Recognition on pre-event emails	√	√	√	\checkmark	\checkmark
Day-of-event entitlements					
Recognition during speaking program	√	√	√		
Recognition on signage at event	✓	✓	✓	✓	\checkmark
Recognition on program card	✓	√	√	\checkmark	\checkmark
Post-event entitlements					
Tour and lunch with hospital president	√	√			
Recognition on post-event emails	✓	✓	√	✓	✓
Advocate Health Care's Visionaries in Health	✓	√	√	√	√

UNIQUE UNDERWRITING OPPORTUNITIES

Dinner Sponsor	Cocktail Sponsor	Music Sponsor	Centerpiece Sponsor
\$10,000	\$5,000	\$2,000	\$500
Exclusive – limit 1	SOLD OUT	SOLD OUT	10 available
Includes two (2) tickets and all recognition entitlements of Diamond Sponsor.	Includes all recognition entitlements of Gold Sponsor.	Includes all recognition entitlements of Silver Sponsor.	Recognition on indivudal centerpiece and event program card.

To be included in printed recognition materials, sponsorships must be submitted no later than Friday, August 23.

For more information about the event, tickets, and sponsorships, please contact Lauren Parquette at (847) 842.3129 or Lauren.Parquette@aah.org.

All individual donors of \$1,000 and above will receive membership in Advocate Health Care's Visionaries in Health.

All corporate donors of \$10,000 and above will receive membership in Advocate Health Care's

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

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



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Corporate Partnership in Philanthropy Program.

SPONSORSHIP AGREEMENT:

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

Sponso	orship Levels	Table/	<u> </u>			
	\$50,000 – Presenting		(qty) Reserved tables (10 tickets) at			
	\$25,000 – Platinum		\$3,500 each			
	\$10,000 – Diamond		(qty) Individual tickets at \$285 each			
	\$5,000 – Gold					
	\$2,000 – Silver					
<u>Underv</u> □	writing Opportunities \$10,000 – Dinner Sponsor (one available) \$5,000 – Cocktail Hour Sponsor (SOLD OUT)	<u>Can't A</u>	ttend? I/We cannot attend but would like to support with a donation:			
	\$2,500 – Music Sponsor (SOLD OUT)		\$			
	\$500 – Centerpiece Sponsors (ten available)		Y			
Please print exactly how you would like your name/company to be listed:						
GUEST NAMES: Please email guest names (including any dietary restrictions) to Lauren.Parquette@aah.org						
PAYME	ENT OPTIONS:					

Please return this completed form by Monday, August 26 to:

To secure your tickets or sponsorship via credit card please visit our event page at aah.org/condellexcellence.

Please enclose a check payable to Advocate Condell Medical Center to secure your reservation today!

Advocate Condell Medical Center Event 2024 c/o Advocate Charitable Foundation 2025 Windsor Drive Oak Brook, IL 60523