



SHERMAN FEST 2025
Benefiting the Breast Cancer Prevention Center
 Thursday, August 14 | Pollyanna Brewing Company, St. Charles

SPONSORSHIP OPPORTUNITIES

Sponsorship Level	Principal	Investor	Partner	Collaborator	Supporter
Investment amount	\$50,000	\$25,000	\$10,000	\$5,000	\$1,000
# Event tickets	10	8	6	4	2
Pre-event entitlements					
Email celebrating Principal to area businesses & the community	✓				
Listing on invitation (confirmed by May 15)	✓	✓			
Listing on event registration website	✓	✓	✓		
Recognition on pre-event emails	✓	✓	✓	✓	
Day-of-event entitlements					
Exclusive reserved seating	✓	✓			
Recognition during event speaking program	✓	✓	✓		
Recognition on event signage and program card	✓	✓	✓	✓	✓
Post-event entitlements					
Membership in Advocate Health Care's Corporate Partners in Philanthropy program	✓	✓	✓		
Recognition on post-event emails	✓	✓	✓	✓	✓
Advocate Health Care's Visionaries in Health	✓	✓	✓	✓	✓

EXCLUSIVE SPONSORSHIP OPPORTUNITIES

Food Truck Sponsor	Music Sponsor	Beer Sponsor
SOLD	SOLD	SOLD
<i>Exclusive – limit 1</i>	<i>Exclusive – limit 1</i>	<i>Exclusive – limit 1</i>
Includes four (4) tickets and entitlements of Partner Sponsor.	Includes two (2) tickets and entitlements of Collaborator Sponsor.	Includes two (2) tickets and entitlements of Supporter Sponsor.

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

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

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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SPONSORSHIP AGREEMENT

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

Sponsorship Levels

- ☐ \$50,000 – Principal
- ☐ \$25,000 – Investor
- ☐ \$10,000 – Partner
- ☐ \$5,000 – Collaborator
- ☐ \$1,000 – Supporter

Tickets Only

- ☐ ____ (qty) Individual Tickets at \$150 each
Note: Seating is reception-style

Exclusive Sponsorships

- ☐ **SOLD** – Food Truck Sponsor
- ☐ **SOLD** – Music Sponsor
- ☐ **SOLD** – Beer Sponsor

Can't Attend?

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

Please print exactly how you would like your name/company to be listed:

GUEST INFORMATION

Attendee names required for guest entry. Please send your list in advance to matthew.way@aah.org.
If registering online, please include list of names with online form.

PAYMENT OPTIONS

Please enclose a check payable to 'Advocate Sherman Hospital' to secure your reservation today!

To secure your tickets or sponsorship via credit card,
please visit advocatehealth.com/shermanfest to register online.

Please return this completed form by Friday, August 1st to:

Advocate Sherman Hospital – SHERMAN FEST
c/o Advocate Charitable Foundation
2025 Windsor Drive
Oak Brook, IL 60523-1586

**For more information about the event, tickets, and sponsorships,
please contact Matthew Way at (224) 783-3021 or Matthew.Way@aah.org.**

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