

## **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	<b>✓</b>				
Listing on invitation (confirmed by May 15)	✓	✓			
Listing on event registration website	✓	$\checkmark$	$\checkmark$		
Recognition on pre-event emails	✓	✓	✓	✓	
Day-of-event entitlements					
Exclusive reserved seating	<b>✓</b>	<b>✓</b>			
Recognition during event speaking program	✓	<b>√</b>	<b>√</b>		
Recognition on event signage and program card	✓	<b>✓</b>	✓	✓	✓
Post-event entitlements					
Membership in Advocate Health Care's Corporate Partners in Philanthropy program	<b>✓</b>	<b>✓</b>	<b>√</b>		
Recognition on post-event emails	✓	<b>√</b>	<b>√</b>	✓	✓
Advocate Health Care's Visionaries in Health	✓	<b>✓</b>	<b>✓</b>	✓	✓

# **EXCLUSIVE SPONSORSHIP OPPORTUNITIES**

Food Truck Sponsor	Music Sponsor	Beer Sponsor	
\$10,000	\$5,000	SOLD	
Exclusive – limit 1	Exclusive – limit 1	Exclusive – limit 1	
Includes four (4) tickets	Includes two (2) tickets	Includes two (2) tickets	
and entitlements of	and entitlements of	and entitlements of	
Partner Sponsor.	Collaborator Sponsor.	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):

Spons	orship Levels	<u>Tickets</u>	<u>s Only</u>
	\$50,000 – Principal		(qty) Individual Tickets at \$150 each
	\$25,000 – Investor		Note: Seating is reception-style
	\$10,000 – Partner		
	\$5,000 – Collaborator		
	\$1,000 – Supporter		
Exclus	ive Sponsorships	Can't Attend?	
	\$10,000 – Food Truck Sponsor (one available)		I/We cannot attend but would like to
	\$5,000 – Music Sponsor		support with a donation:
	\$2,500 – Beer Sponsor	\$	
Please	print exactly how you would like your name/co	ompany to be list	ted:

## **GUEST INFORMATION**

Attendee names required for guest entry. Please send your list in advance to <a href="mailto:matthew.way@aah.org">matthew.way@aah.org</a>. 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.