Advocate Sherman Hospital

SHERMAN FEST 2026

Benefiting Digestive Health & Cancer Prevention

Thursday, August 20 | 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 (*requires confirmation by May 29*)	✓	✓			
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**	**$2,500**
Exclusive – limit 1	*Exclusive – limit 1*	*Exclusive – limit 1*
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 Collaborator Sponsor.

All corporate donors who give $10,000 or more will receive membership in Advocate Health Care's Corporate Partnership in Philanthropy Program.

All individual donors who give $1,000 or more 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
- ☐ $2,500 – Beer Sponsor

Can't Attend?

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

$_____

Thank you for your support. Please print your name/company exactly as you would like it to appear in sponsor recognition:

GUEST INFORMATION

To help us expedite guest entry, attendee names are required. Please email your guest list in advance to matthew.way@aah.org. When registering online, please include your guest list with the online form.

PAYMENT OPTIONS

To confirm your sponsorship, please submit payment by check to 'Advocate Charitable Foundation.'

Prefer to pay by credit card? Please complete your sponsorship online at **advocatehealth.com/shermanfest.**

Please complete and return this form by Friday, August 7th to:

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

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