

**LAST CALL FOR FALL
FUNDRAISING EVENT TO BENEFIT THE AUXILIARY BOARD
OF NORTHWESTERN MEMORIAL HOSPITAL
NOVEMBER 16, 2017- 6:30PM
PENTHOUSE 111 (111 W. JACKSON BLVD, CHICAGO, IL 60604)**

SPONSORSHIP FORM

- | | |
|---|---|
| <input type="checkbox"/> \$10,000 and Above <ul style="list-style-type: none"> • Name and logo on electronic invitation • Name and logo on event website • Name and logo in event program • Recognition in event video loop • Twenty-five (25) tickets to event | <input type="checkbox"/> \$2,500 SPONSOR <ul style="list-style-type: none"> • Name on event program • Name on event website • Recognition in event video loop • Eight (8) tickets to event |
| <input type="checkbox"/> \$7,500 SPONSOR <ul style="list-style-type: none"> • Name and logo on electronic invitation • Name and logo on event website • Name and logo in event program • Recognition in event video loop • Sixteen (16) tickets to event | <input type="checkbox"/> \$1,000 SPONSOR <ul style="list-style-type: none"> • Name on event program • Recognition in event video loop • Six (6) tickets to event |
| <input type="checkbox"/> \$5,000 SPONSOR <ul style="list-style-type: none"> • Name on electronic invitation • Name on event website • Name in event program • Recognition in event video loop • Twelve (12) tickets to event | <input type="checkbox"/> \$500 SPONSOR <ul style="list-style-type: none"> • Name on event program • Recognition in event video loop • Four (4) tickets to event |

- I would like to purchase _____ ticket(s) at **\$65** each.
- I would like to make an additional donation in the amount of \$_____.
- In lieu of a sponsorship or ticket purchase, my/our contribution to the event is \$_____.**

Name:					
Address:					
City, State, Zip					
Phone:		E-mail:			
Name For Recognition:					
Payment Options:		<input type="checkbox"/> Enclosed is my check made payable to AUXILIARY BOARD OF NORTHWESTERN MEMORIAL HOSPITAL			
		<input type="checkbox"/> Please charge my credit card in the amount of: \$ _____			
Credit Card Number:		Expiration Date:		CID:	
Cardholder Name:		Cardholder Signature:			

Please return this form to:
 Paige Calace, Philanthropy Coordinator, Special Events
 Northwestern Memorial Foundation
 251 East Huron Street, Galter Pavilion, 3-200, Chicago, IL 60611
 or by email to paige.calace@nm.org.
For questions please call 312.926.0652.