



Saturday, March 10, 2012 • Duke Ellington Ballroom at NIU

SPONSORSHIP FORM

Please indicate your level of sponsorship. Sponsors who would like to seat 10 at their tables may do so by adding \$250 to their sponsorship total. Guest names will be required prior to the event. Please provide names on the reverse side or at a later date. Unused tables or seats may be donated back to the Health Foundation while still preserving all other sponsorship benefits. Please inform the Health Foundation.

Sponsorships:

- Community Sponsor \$10,000 (10 Guests)
- Quality Sponsor \$8,000 (8 Guests)
- Service Sponsor \$5,000 (8 Guests)
- Integrity Sponsor \$3,500 (8 Guests)
- Stewardship Sponsor \$1,500 (8 Guests)

Exclusive Sponsorships:

- Entertainment Sponsor \$10,000 (10 Guests)
- Decorations Sponsor \$5,000 - FILLED
- Dessert Sponsor \$2,500 - FILLED
- Wine Sponsor \$2,500 - FILLED

One additional seat at table \$125

Two additional seat at table \$250

We are unable to sponsor, but please accept this donation of \$_____.

Contact Name: _____

Organization (*as it is to be listed*): _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Please charge my credit card \$ _____
(*Visa, MasterCard, Discover, Amex*)

Check enclosed for \$ _____

Account # _____

Online payments accepted on website.
www.kishhealthfoundation.org

Expiration: _____

Please make checks payable to:
KishHealth Foundation

Signature of Cardholder

