



Annual Legal Lifelines Cocktail Reception

Benefiting Legal Assistance Programs

Thursday April 6, 2017

SPONSORSHIP OPPORTUNITIES

Presenting Sponsor **\$15,000**

Includes reservations for 8 guests and logo displayed in event invitation*

Platinum Sponsor **\$10,000**

Includes reservations for 6 guests and logo displayed in event invitation*

Gold Sponsor **\$7,500**

Includes reservations for 4 guests and logo displayed in event invitation*

Silver Sponsor **\$5,000**

Includes reservations for 4 guests and logo displayed in event invitation*

Bronze Sponsor **\$2,500**

Includes reservations for 2 guests and logo displayed in event invitation*

Copper Sponsor **\$1,000**

Includes reservations for 2 guests

Friend of CCLA **\$500**

Includes reservations for 1 guest

*If received by Monday January 23, 2017

OTHER WAYS TO SUPPORT

Reservations

- Individual Reservations **\$100**
- Law Student Reservation **\$60**

Donations

Monetary donations are gratefully accepted.

For those sponsors who wish to receive the full tax benefit of their donation, event tickets should be purchased separately.



Legal Lifelines Opportunities for Support

Contact Name: _____

Organization/Company _____

Address _____

Email _____

City, State, Zip _____

Phone #: _____

Sponsorships

- | | | | |
|---|----------|---|---------|
| <input type="checkbox"/> Presenting Sponsor | \$15,000 | <input type="checkbox"/> Bronze Sponsor | \$2,500 |
| <input type="checkbox"/> Platinum Sponsor | \$10,000 | <input type="checkbox"/> Copper Sponsor | \$1,000 |
| <input type="checkbox"/> Gold Sponsor | \$7,500 | <input type="checkbox"/> Friend of CCLA | \$500 |
| <input type="checkbox"/> Silver Sponsor | \$5,000 | | |

Name as it should appear in Event Program and in the Event Invitation: _____

Payment Information

Total Amount: \$ _____

- Check enclosed payable to: **CATHOLIC CHARITIES LEGAL ASSISTANCE**
- Please charge my credit card: (circle one) MasterCard Visa Discover AMEX

Credit Card Number _____ Expiration Date _____

Cardholder Name _____ Signature _____

My employer has a matching gift program. Employer Name: _____

OR register online [here](#).

PLEASE RETURN THIS FORM INDICATING YOUR SPONSORSHIP COMMITMENT TO:

Catholic Charities, 721 N. LaSalle Drive, Chicago, IL 60654

Phone: (312) 655-7290 Email: RMLesniakMendez@catholiccharities.net