

# GALA OF THE ARTS

# SUPPORT COMMITMENT FORM

www.galaofthearts.com

Friday, September 7, 2018 at the Aon Grand Ballroom at Navy Pier

Contact Name: \_\_\_\_\_

Organization/Company (If this is a company gift) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Sponsorship Opportunity

- |  |                       |   |          |
|--|-----------------------|---|----------|
| <input type="checkbox"/> Presenting Sponsor      | \$ 50,000             | <input type="checkbox"/> Party Favor Sponsor        | \$10,000 |
| <input type="checkbox"/> Dinner Sponsor          | \$ 25,000             | <input type="checkbox"/> Photography Sponsor        | \$10,000 |
| <input type="checkbox"/> Entertainment Sponsor   | \$ 25,000 <b>SOLD</b> | <input type="checkbox"/> Wine Table Sponsor         | \$10,000 |
| <input type="checkbox"/> Art Show & Sale Sponsor | \$15,000              | <input type="checkbox"/> Orchestra Table Sponsor    | \$7,500  |
| <input type="checkbox"/> Cocktail Hour Sponsor   | \$15,000              | <input type="checkbox"/> Dress Circle Table Sponsor | \$5,000  |
| <input type="checkbox"/> Centerpiece Sponsor     | \$15,000              | <input type="checkbox"/> Mezzanine Table Sponsor    | \$3,000  |
| <input type="checkbox"/> Mobile Bidding Sponsor  | \$12,000              | <input type="checkbox"/> Art Board Sponsor          | \$1,000  |
| <input type="checkbox"/> Audio Visual Sponsor    | \$10,000              | <input type="checkbox"/> Artist Sponsor             | \$500    |

### Program Book Ads

- Full-Page Ad \$500     Half-Page Ad \$250     Quarter-Page Ad \$125     Full-Page Color Ad \$1,000
- I will send my custom ad to [rmlesniakmendez@catholiccharities.net](mailto:rmlesniakmendez@catholiccharities.net) by August 17, 2018    ----- OR -----
- Name as it should appear in Program Book Ad \_\_\_\_\_

### Payment Information

Total Amount Committed: \$ \_\_\_\_\_

- Check enclosed payable to: **CATHOLIC CHARITIES**
- Please charge my (\_\_\_personal \_\_\_company) credit card: (circle one)    MasterCard    Visa    Discover    AMEX

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Please seat me with the following guests \_\_\_\_\_

- or  I will send my seating request no later than August 17, 2018 to Rose Marie at [rmlesniakmendez@catholiccharities.net](mailto:rmlesniakmendez@catholiccharities.net)
- or  I will not be attending the event nor sending guests.

### THANK YOU FOR YOUR SUPPORT OF CATHOLIC CHARITIES EMERGENCY ASSISTANCE DEPARTMENT

**PLEASE RETURN THIS FORM INDICATING YOUR SPONSORSHIP COMMITMENT TO:**

Catholic Charities; c/o Rose Marie Lesniak-Mendez, Gala of the Arts; 721 North LaSalle Street; Chicago, Illinois 60654  
Phone: (312) 948-6864    Fax: (312) 655-0605