

GALA OF THE ARTS

SUPPORT COMMITMENT FORM

www.galaofthearts.com

Friday, September 8, 2017 at Navy Pier's Grand Ballroom

Contact Name: _____

Organization/Company _____

Address _____

Email _____

City, State, Zip _____

Phone #: _____

Yes! I will request a matching gift from my employer.

Sponsorship Opportunity

- | | | | |
|--|----------------------|---|----------------------|
| <input type="checkbox"/> Presenting Sponsor | \$50,000 | <input type="checkbox"/> Audio Visual Sponsor | \$10,000 |
| <input type="checkbox"/> Dinner Sponsor | \$25,000 SOLD | <input type="checkbox"/> Party Favor Sponsor | \$10,000 SOLD |
| <input type="checkbox"/> Entertainment Sponsor | \$25,000 SOLD | <input type="checkbox"/> Photography Sponsor | \$10,000 |
| <input type="checkbox"/> Art Show & Sale Sponsor | \$15,000 SOLD | <input type="checkbox"/> Orchestra Table Sponsor | \$7,500 |
| <input type="checkbox"/> Cocktail Hour Sponsor | \$15,000 SOLD | <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"/> After Party Sponsor | \$10,000 SOLD | <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 by August 11, 2017 ---- 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 18, 2017 to Rose Marie at 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