

20TH

ELMHURST MEMORIAL
HOSPITAL FOUNDATION

Autumn Affair

SPONSORSHIP OPPORTUNITIES AND BENEFITS

\$25,000

PRESENTING SPONSOR EXCLUSIVE

- Name or logo on printed invitation*
- 45-minute pre-event champagne reception with executive leaders
- Premium wine selections served to your table during dinner
- Presenting rights on all promotional materials
- Name or logo on back cover of printed program
- Recognition from podium the evening of the event
- Name or logo on hospital electronic marketing screens
- Recognition on promotional communications
- Name or logo on event screens
- Name or logo on event website
- 20 tickets

* if received by June 10, 2024

\$15,000

FRONT LINE SPONSOR MULTIPLE AVAILABLE

- Name or logo on printed invitation*
- Name or logo on back cover of printed program
- Recognition from podium the evening of the event
- Name or logo on hospital electronic marketing screens
- Recognition on promotional communications
- Name or logo on event screens
- Name or logo on event website
- 10 tickets

* if received by June 10, 2024

\$10,000

QUALITY OF CARE SPONSOR MULTIPLE AVAILABLE

- Name or logo on each live auction paddle
- Name or logo on back cover of printed program
- Recognition from podium the evening of the event
- Name or logo on hospital electronic marketing screens
- Recognition on promotional communications
- Name or logo on event screens
- Name or logo on event website
- 10 tickets

\$7,500

COMPASSION SPONSOR MULTIPLE AVAILABLE

- Name or logo on back cover of printed program
- Recognition from podium the evening of the event
- Name or logo on hospital electronic marketing screens
- Recognition on promotional communications
- Name or logo on event screens
- Name or logo on event website
- 10 tickets

\$5,000

PATRON

- Listing on event screens
- Listing on event website
- 10 tickets

\$2,500

PATRON

- Listing on event screens
- Listing on event website
- 4 tickets

\$1,000

PATRON

- Listing on event screens
- Listing on event website
- 2 tickets

GENERAL UNDERWRITING—Event listing starting at \$250.

Underwriting amount: _____

CONTACT NAME

COMPANY

ADDRESS

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

EMAIL

CREDIT CARD TYPE:

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

CREDIT CARD NUMBER

EXP. DATE

CVV:

SIGNATURE

PLEASE SUBMIT BY AUGUST 30, 2024

Please make checks payable to
Elmhurst Memorial Hospital Foundation and return to:

155 E. Brush Hill Road, Elmhurst, IL 60126

PHONE: (331) 221-0388 | **EMAIL:** Blair.Williams@EEHealth.org