

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 SOLD | <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 | \$3,500 |
| <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 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
- 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