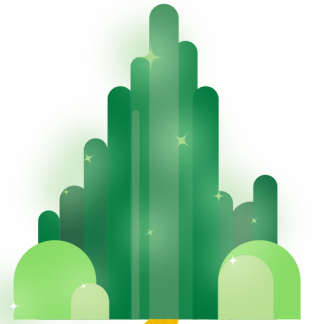


The Cancer Support Center's

Annual Spring Gala

~ Sponsorship Levels & Benefits ~



Presenting Sponsor \$5,000

One table of 10 with preferred seating
Full screen ad with premier placement and extended time in Virtual Ad Book
Name or logo on 1,000 invitations (print deadline is February 5th)
Company spotlight in quarterly newsletter (10,000 printed)
Name or logo on The Center's website
Name or logo on social media promotions
Premier recognition at event in welcoming speech, on signage and video screen

Survivorship Sponsor \$3,500

Six (6) tickets with preferred seating
Full screen ad with premier placement in Virtual Ad Book
Name or logo on The Center's website
Name or logo on social media promotions
Premier recognition in welcoming speech, on signage and video screen

Benefactor Sponsor \$2,500

Four (4) tickets with preferred seating
Full screen ad in Virtual Ad Book
Name or log on The Center's website
Name or logo on social media promotions
Recognition at event on signage and video screen

Patron Sponsor \$1,000

Two (2) tickets to event
Half screen ad in Virtual Ad Book
Name or logo on The Center's website
Name or logo on social media promotions
Recognition at event on signage and video screen

Friend Sponsor \$500

Name or logo on The Center's website
Name or logo on social media promotions
Recognition at event on signage and video screens

The Cancer Support Center's

Annual Spring Gala

~ Sponsorship Levels & Benefits ~

Yes, I would like to sponsor the gala!

- Presenting Sponsor \$5,000
- Patron Sponsor \$1,000
- Survivorship Sponsor \$3,500
- Friend Sponsor \$500
- Benefactor Sponsor \$2,500

Name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact person for artwork/logos: _____

Phone or email: _____

How would you like to be listed on event materials: _____

Would you like your sponsorship to be a tribute or memorial? If so, please circle one and list names:

- Check enclosed
- MC/Visa
- Discover
- American Express
- Invoice Me

Card Number: _____

Expiration Date: _____ V-Code: _____

Name on card: _____

**Sponsorship agreement and payment
due no later than Friday, March 23, 2018.**

Please make checks payable to The Cancer Support Center
Payment may be sent to 2028 Elm Road, Homewood, IL 60430.

For any questions or information contact **Kelsey Hogan**
at 708-478-3529 or khogan@cancersupportcenter.org.