

filling the
gap

for the
uninsured

Corporate Sponsorship Opportunities

Platinum Sponsor (\$10,000)

For a contribution of \$10,000, this sponsor package includes:

- Reserved seating for **20** guests with **special food service**
- Premium **logo** recognition as "Platinum Sponsor" on event invitation
- **Logo** recognition on event signage or slide show (individual sign and/or slide, acknowledged as "Platinum Sponsor")
- Full-page ad in program book
- Prominently placed **logo** and link as "Platinum Sponsor" on event page of website
- Acknowledgement in all event press releases
- Recognition from the stage at the event
- **Logo** recognition in annual report

Gold Sponsor (\$5,000)

For a contribution of \$5,000, this sponsor package includes:

- Reserved seating for 10 guests
- Logo recognition as "Gold Sponsor" on event invitation
- Logo recognition on event signage or slide show (shared sign and/or slide with other "Gold Sponsors")
- Half-page ad in program book
- Listing and link as "Gold Sponsor" on event page of website
- Listing in annual report

Silver Sponsor (\$2,500)

For a contribution of \$2,500, this sponsor package includes:

- Reserved seating for 6 guests
- Company name listed on event signage or slide show (shared sign and/or slide with other "Silver Sponsors")
- Company name listed as "Silver Sponsor" in program book
- Company name listed as "Silver Sponsor" on event page of website

Individual Sponsorship Opportunity

Host Committee (\$1,000)

For a contribution of \$1,000 individuals will receive:

- VIP seating with sponsor or special guest for 4 guests
- Recognition on the invitation
- Recognition in the program book
- Recognition on the company website

filling the
gap

SPONSORSHIP COMMITMENT FORM

for the
uninsured

Company Name (As it will appear in printed materials)

Address

Contact Name

Phone

Email

Yes! I will commit to supporting Access to Care as a sponsor at the following level:

_____ Platinum Sponsor (\$10,000)

_____ Gold Sponsor (\$5,000)

_____ Silver Sponsor (\$2,500)

We will contact you upon receipt of your commitment form to finalize all sponsorship details.

I would like to, personally, join the Host Committee:

_____ \$1,000 - Includes VIP seating for (4) at the event, recognition on the invitation, website and in the program book as the Access to Care Host Committee.

I would like to purchase individual tickets at this time:

_____ \$ 160 per couple _____ \$80 per ticket

METHOD OF PAYMENT

TOTAL: \$ _____

Check Enclosed
(Checks payable to Access to Care)

Charge to credit card (circle one): Visa MasterCard American Express Discover

Account Number: _____ Expiration: _____

Security Code: _____ (Last 3 digits on back of Visa/MC, or 4-digit code on front of Amex)

Please return this form via email to Colleen O'Neill, Director of Development
colleeno@sphcc.org
2225 Enterprise Drive, Westchester, IL 60154
Fax #: 708-531-0686
Phone #: 312-301-1375



For more information about Access to Care and/or corporate sponsorship please contact
Colleen O'Neill, Director of Development
312-301-1375 ~ colleeno@sphcc.org