



Meier Clinics Foundation Dinner & Silent Auction  
With Special Musical Guest: The Hall Sisters  
Date: Tuesday, October 23, 2018, 6:00 p.m. – 9:00 p.m.  
Location: Hyatt Regency Hotel, Lisle, Illinois

**Please select the level of sponsorship you wish to have. We sincerely appreciate your generosity in this choice, as it helps defray the actual cost of this event.**

\_\_\_\_\_ **Platinum Sponsor (Minimum \$3,000)** – Includes a complimentary VIP table with tickets for 10 guests, promotional video during event, special verbal recognition during event programming, dedicated slide advertising your organization at event, exhibit table at event, follow-up email to attendees about your organization, recognition on Meier Clinics' website with logo and link to your website\*, logo and link on event invitations, and listing in program

\_\_\_\_\_ **Gold Sponsor (Minimum \$2,000)** – Includes tickets for 6 guests, special verbal recognition during event programming, dedicated slide advertising your organization at event, follow-up email to attendees about your organization, recognition on Meier Clinics' website with logo and link to your website\*, logo and link on event invitations, and listing in program

\_\_\_\_\_ **Silver Sponsor (Minimum \$1,000)** – Includes tickets for 4 guests, shared slide advertising your organization at event, recognition on Meier Clinics' website with logo and link to your website\*, logo and link on event invitations, and listing in program

\_\_\_\_\_ **Bronze Sponsor (Minimum \$500)** – Includes tickets for 3 guests, recognition on Meier Clinics' website with logo and link to your website\*, logo and link on event invitations, and listing in program

\_\_\_\_\_ **Friendship Sponsor (Minimum \$250)** – Includes tickets for 2 guests, name-only recognition on Meier Clinics' website with link to your website\*, and listing in program

\*Through Fall 2019

# A Celebration of Hope: Sponsorship Form

Your name: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your fax #: \_\_\_\_\_

Your email: \_\_\_\_\_

Your organization (as you would like it listed): \_\_\_\_\_

Your mailing address, city, zip: \_\_\_\_\_

Please send a copy of your organization's logo for publications: JPEG File

The amount enclosed (if mailing check): \_\_\_\_\_

Please make the check payable to: **Meier Clinics Foundation**

And mail them to: Katie Brandenberger  
c/o Meier Clinics  
2100 Manchester Road, Suite 1510  
Wheaton, IL 60187

Credit Card #: \_\_\_\_\_

Card-Holder Name: \_\_\_\_\_

Address Used For CC: \_\_\_\_\_

Zip Code: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Type (Circle One):    MasterCard      Visa      American Express      Discover

**Please email or fax completed forms (with CC info) to: 630-653-7926.**

If you have any questions, please contact by e-mail: [kbrandenberger@meierclinics.com](mailto:kbrandenberger@meierclinics.com)