



### **Meier Clinics Foundation Fall Festival**

Musical and Artistic Entertainment: The Hall Sisters

Date: Saturday, October 23, 2021, 4:00 p.m. – 7:00 p.m.

Location: Kuiper's Family Farm, Maple Park, 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.**

\_\_\_\_\_ **Gold Sponsor (\$3,000)** – Includes tickets for 6 guests, special verbal recognition during event programming, 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 (\$2,000)** – Includes tickets for 4 guests, recognition on Meier Clinics' website with logo and link to your website\*, logo and link on event invitations, and listing in program

\_\_\_\_\_ **Bronze Sponsor (\$1,000)** – Includes tickets for 3 guests, recognition on Meier Clinics' website with logo and link to your website\*, and listing in program

\_\_\_\_\_ **Friendship Sponsor (\$500)** – Includes tickets for 2 guests, and listing in program

\*Through Fall 2022

# 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 Hall  
                                                 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: [khall@meierclinics.com](mailto:khall@meierclinics.com)