

# CHICAGO TOWER OF HOPE GALA

THURSDAY, SEPTEMBER 29



## Chicago Tower of Hope Gala Sponsorship Opportunities

	Hope Sponsor \$100,000	Future Sponsor \$50,000	Partnership Sponsor \$36,000	Strength Sponsor \$25,000	Science Sponsor \$18,000	Research Sponsor \$10,000	Discovery Sponsor \$5,000	Inspiration Sponsor \$2,500
<b>PREMIUM BENEFITS TO BE MUTUALLY AGREED UPON</b>	●							
<b>TICKETS / TABLES AT GALA</b>	as requested	as requested	3 tables	2 tables	16 tickets	12 tickets	1 table	4 tickets
<b>VERBAL RECOGNITION AT GALA</b>	●	●	●					
<b>LOGO &amp; LINK ON GALA WEBSITE</b>	●	●	●	●	●			
<b>LOGO ON GALA SIGNAGE **</b>	●	●	●	●	●			
<b>NAME ON GALA WEBSITE</b>	●	●	●	●	●	●	●	●
<b>NAME ON GALA SIGNAGE **</b>	●	●	●	●	●	●	●	●
<b>TRIBUTE IN GALA SLIDESHOW</b>	●	●	●	●	●	●	●	●
<b>NUMBER OF TRIBUTE PLACEMENTS IN GALA SLIDESHOW</b>	as requested	as requested	4	3	2	2	1	1

\*\* Deadline for name/logo on event signage: September 15, 2022

**Ticket \$360 | Young Professional (under 40) \$100**  
**Tribute Ads on Event Slideshow:**  
**Full Page \$1000 | 1/2 page \$500 | Name Listing \$180**

CHICAGO  
TOWER OF HOPE  
GALA

THURSDAY, SEPTEMBER 29



# Chicago Tower of Hope Gala Sponsorship Commitment Form

**Yes! I will sponsor the 2022 Chicago Israel Cancer Research Fund Tower of Hope Gala**

Name as it should appear on all marketing materials \_\_\_\_\_ Contact Person \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

Contact Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of person(s) I am honoring or memorializing \_\_\_\_\_

## Sponsorship Level

Please see sponsorship sheet for a full list of benefits at each level. All prices in USD.

**HOPE SPONSOR: \$100,000+**  
*tables as requested*

**SCIENCE SPONSOR: \$18,000**  
*16 tickets*

**FUTURE SPONSOR: \$50,000**  
*tables as requested*

**RESEARCH SPONSOR: \$10,000**  
*12 tickets*

**PARTNERSHIP SPONSOR: \$36,000**  
*3 tables*

**DISCOVERY SPONSOR: \$5,000**  
*1 table*

**STRENGTH SPONSOR: \$25,000**  
*2 tables*

**INSPIRATION SPONSOR: \$2,500**  
*4 tickets*

## Other

**FULL PAGE TRIBUTE ON EVENT SLIDESHOW: \$1,000**

**TICKET TO GALA: \$360**

**HALF PAGE TRIBUTE ON EVENT SLIDESHOW: \$500**

**OTHER: \$ \_\_\_\_\_**

**NAME LISTING ON EVENT SLIDESHOW: \$180**

## Payment

Enclosed is my check made payable to Israel Cancer Research Fund

Please charge my credit card:  Visa  MasterCard  Discover  American Express

Name as it appears on card \_\_\_\_\_ Card Number \_\_\_\_\_ CVC \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Please return this completed form to Israel Cancer Research Fund, One Northfield Plaza, Suite 235, Northfield, IL 60093 or [chicagoteam@icrfonline.org](mailto:chicagoteam@icrfonline.org) and complete your registration online at [icrfonline.org/chicagogalasponsor](http://icrfonline.org/chicagogalasponsor).

**Contributions are tax-deductible to the full extent provided by the law.**

ISRAEL CANCER RESEARCH FUND | ONE NORTHFIELD PLAZA SUITE 235 | NORTHFIELD, IL 60022  
[ICRFONLINE.ORG/CHICAGOGALASPONSOR](http://ICRFONLINE.ORG/CHICAGOGALASPONSOR) | [CHICAGOTEAM@ICRFONLINE.ORG](mailto:CHICAGOTEAM@ICRFONLINE.ORG)

@ICRFONLINE

TAX ID: 51-0181215