

TOWER OF HOPE GALA

WEDNESDAY
OCTOBER 30, 2024

Sponsorship Opportunities

	Hope Sponsor \$100,000	Future Sponsor \$50,000	Strength Sponsor \$25,000	Science Sponsor \$18,000	Research Sponsor \$10,000	Discovery Sponsor \$5,000	Inspiration Sponsor \$2,500
TICKETS TO GALA	as requested	as requested	24 tickets	20 tickets	16 tickets	10 tickets	4 tickets
RESERVED TABLE DURING COCKTAIL HOUR	•	•	•				
DEDICATED GALA SIGNAGE	•						
ZOOM CALL WITH ICRF-FUNDED SCIENTIST	•	•	•				
VERBAL RECOGNITION AT GALA	•	•	•	•			
LISTING ON GALA INVITATION *	name/ logo	name/ logo	name/ logo	name/ logo	name/ logo	name	name
LISTING ON GALA WEBSITE	name/ linked logo	name/ linked logo	name/ linked logo	name/ linked logo	name/ logo	name	name
LISTING ON SHARED GALA SIGNAGE **	name/ logo	name/ logo	name/ logo	name/ logo	name/ logo	name	name
TRIBUTE PLACEMENTS IN GALA SLIDESHOW	10	8	6	5	4	3	2

* Deadline for name/logo on printed invitation: August 15, 2024

** Deadline for name/logo on event signage: October 16, 2024

Ticket \$375 | Young Professional (35 and under) \$125

Tribute on Event Slideshow:

Two Placements \$1,000 | One placement \$500

Chicago Tower of Hope Gala Sponsorship Commitment Form

☐ **Yes! I will sponsor the 2024 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.

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

☐ **RESEARCH SPONSOR: \$10,000**
16 tickets

☐ **FUTURE SPONSOR: \$50,000**
tickets as requested

☐ **DISCOVERY SPONSOR: \$5,000**
10 tickets

☐ **STRENGTH SPONSOR: \$25,000**
24 tickets

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

☐ **SCIENCE SPONSOR: \$18,000**
20 tickets

Other

☐ **CHAMPION TRIBUTE : \$1,000**
two placements on gala slideshow

☐ **TICKET TO GALA: \$375**

☐ **SUPPORTER TRIBUTE: \$500**
one placement on gala slideshow

☐ **DONATION: \$_____**

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

Payment

☐ Enclosed is my check made payable to Israel Cancer Research Fund

☐ Please charge my credit and add 3% to cover processing fees

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 and complete your registration online at icrfonline.org/chicagogala2024register

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

ISRAEL CANCER RESEARCH FUND | ONE NORTHFIELD PLAZA SUITE 235 | NORTHFIELD, IL 60093

ICRFONLINE.ORG/CHICAGOGALA2024 | CHICAGOTEAM@ICRFONLINE.ORG