

Sponsorship Breakdown

Gold Sponsor - \$10,000

- (3) Tables of 10 guests with preferred VIP seating
- Company recognition during event program
- Your company name or logo will be featured on the Big Screen during the Ball (exposure to approx. 750 guests)
- · Your company name or logo will appear on all collateral and marketing materials

Silver Sponsor - \$6,000

- (2) Tables of 10 guests with preferred VIP seating
- · Company recognition during event program
- Your company name or logo will be featured on the Big Screen during the Ball (exposure to approx. 750 guests)
- Your company name or logo will appear on all event collateral and marketing materials

Bronze Sponsor - \$3,500

- (1) Table of 10 guests with preferred VIP seating
- Company recognition during event program
- Your company name or logo will be featured on the Big Screen during the Ball (exposure to approx. 750 guests)
- · Your company name or logo will appear on all event collateral and marketing materials

Table - \$2,500

• (1) Table of 10 guests

Individual Ticket - \$250

***Note: To minimize hassle for our guests, there will be no physical tickets distributed this year. All Guests will check-in on site upon arrival at the event. Guest names and emails (to provide check-in details and last minute notifications) will need to be turned into the Foundation Office no later than March 1st to ensure a quick and easy check-in for your guests the night of the event.



Cabrini Ball Reservations

CONTACT INFORMATION:

Name or Business (as you would like it to	appear in the program):			
Address:	City:	State:	ZIP:	
Primary Contact's Name:	Phon	Phone Number:		
Primary Contact's Email:				
PAYMENT INFORMATION:				
Payment for my reservation	in the amount of \$	is enclosed.		
Please invoice me \$	for my reserva	ition.		
I am unable to attend, but ha	ave enclosed a contribution of S	\$		
Once, complete, pleas	e scan and email your Reservation For	rm to ashley.walker22@christush	ealth.org <u>.</u>	
***Note: To minimize hassle for our guests, event. Guest names and emails (to provide che than March 1st to ensure a quick and easy che Please provide the names and emails	eck-in details and last minute notificate eck-in for your guests the night of the	tions) will need to be turned into t event.		
GUEST #1:	Email:			
GUEST #2:	Email:			
GUEST #3:	Email:			
GUEST #4:	Email:			
GUEST #5:	Email:			
GUEST #6:	Email:			
GUEST #7:	Email:	Email:		
GUEST #8:	Email:	Email:		
GUEST #9:	Email:	Email:		
CHECK #10	П 1			

^{***}Note: If your reservation includes more than 10 guests, please send your additional names to ashley.walker22@christushealth.org.