

SPONSORSHIP COMMITMENT FORM

Committee Member Name: _____

DONOR INFORMATION

Donor Name (as you would like to be listed in communications)

Main Contact Name

Main Contact Email and Phone Number (Both required for event system)

Preferred Mailing Address

City

State

Zip Code

SPONSORSHIP LEVELS (Please select)

Gold Coast Room:

Platinum Sponsor | \$25,000

Table of twelve with premium seating
in the Gold Coast Room

Gold Sponsor | \$17,500

Table of twelve in the Gold Coast Room

Grand Ballroom:

Grand Patron | \$12,000

Table of twelve in the Grand Ballroom

Signature Patron | \$6,000

Table of six in the Grand Ballroom.

GIFT INFORMATION

Amount: \$ _____

Check Enclosed

Check will be sent on the following date:

Credit Card (Visa, Mastercard, American Express)

Cardholder Name

Credit Card Number

Expiration Date

CVV

Signature (Required)

Completed form must be submitted no later than August 17th to be included within the invitation. Space is limited and tables are reserved on a first come basis. Table guest lists must be submitted no later than October 26th 2018. Please return this form via email to: Michelle Kenny at mkenny@pawschicago.org.

PAWS[®]
CHICAGO

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