

SPONSORSHIP OPPORTUNITIES FOR 2009 GIFT OF LIFE GALA

Platinum Sponsor \$10,000

- Recognition on Gift of Life Gala invitation (commitment required by September 8), distribution 5,000
- Recognition in all news releases and gala print materials, as well as a full page ad in the gala program book
- Premier seating for a table of ten
- Name and logo recognition in *Connections*, the NKFI annual newsletter, Distribution 10,000
- Name and logo recognition on the NKFI website
- Five young professional tickets for the Gift of Life Gala

Gold Sponsor \$7,500

- Prominent Recognition on the Gift of Life Gala invitation (commitment required by September 8), distribution 5,000
- Half page ad in the gala program book
- Table of ten (10)

Silver Sponsor \$5,000

- Recognition on Gift of Life Gala invitation (commitment of support required by September 8), distribution 5,000
- Half page ad in the gala program book
- Table of ten (10)

Individual Reservation: \$400

Young Professional Reservation \$200

Individuals under 35 and nephrology/transplant fellows, nurses, dietitians, social workers, and technicians

ADDITIONAL SPONSORSHIP OPPORTUNITIES FOR 2009 GIFT OF LIFE GALA

Beverage Sponsor \$5,000

Prominent signage at beverage stations, recognition on cocktail napkins and full page advertisement in program book

Hors D'Oeuvre Sponsor \$5,000

Prominent signage during reception, recognition on cocktail napkins and full page advertisement in program book

Program book \$500/\$250

Full page in gala program \$500

Half page in gala program \$250

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<u>Platinum Sponsor</u> (Limited Availability)	\$10,000	_____
<u>Gold Sponsor</u> (Limited Availability)	\$7,500	_____
<u>Silver Sponsor</u>	\$5,000	_____
<u>Individual Reservation</u>	\$400	_____
<u>Young Professional Reservation</u>	\$200	_____

ADDITIONAL SPONSORSHIP OPPORTUNITIES FOR 2009 GIFT OF LIFE GALA

<u>Beverage Sponsor</u>	\$5,000	_____
<u>Hors D'Oeuvre Sponsor</u>	\$5,000	_____
<u>Program Book</u>		
Full page in gala program	\$500	_____
Half page in gala program	\$250	_____

I am unable to attend, but would like to support the NKFI with a donation of: \$ _____

Enclosed, please find my check for \$ _____ OR

Card Number _____ Exp. Date _____

Visa Mastercard American Express Discover

Signature of cardholder _____

Name on credit card _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Company _____ Contact _____

For more information, please contact the National Kidney Foundation of Illinois at:

215 West Illinois, Suite 1C, Chicago, IL 60654

312.321.1500 phone | 312.321.1505 fax

www.nkfi.org www.kidneymobile.org