2019 Oak Park House Party
Sponsorship Levels and Benefits

<table>
<thead>
<tr>
<th>Sponsorship Benefits</th>
<th>Friend Sponsorship $250</th>
<th>Leader Sponsorship $500</th>
<th>Impact Sponsorship $1,000</th>
<th>Action Sponsorship $1,500</th>
<th>Benefactor Sponsorship $2,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tickets to the event</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>VIP Reception</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Sponsor listing on website</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Sponsor listing on invitation</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Signage at the event</td>
<td></td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Sponsor listing in email blasts to 20,000+ people</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Verbal acknowledgement at the event during the program</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
</tbody>
</table>

Host Committee (as of 4.19)

Dannyel Kafer, Chair
Amanda Young, Chair
Jeannie Affelder
Laura Bezinovich
Harlene Ellin and Mike Cramer
Clare Golla
Lonette Hall
Heidi Lynch
Julie Mann
Margot McMahon
Sheila Pont

For more information about the event, visit our website at cfw.org, or contact:
Nancy Garcia | 312.577.2820 | ngarcia@cfw.org
Oak Park House Party Sponsorship Form

☐ I/we want to reserve a sponsorship for Chicago Foundation for Women’s 2019 Oak Park House Party at the following level:

☐ $2,500 Benefactor Sponsorship
☐ $1,500 Action Sponsorship
☐ $1,000 Impact Sponsorship
☐ $500 Leader Sponsorship
☐ $250 Friend Sponsorship

☐ I/we are unable to attend but would like to make a donation to Chicago Foundation for Women in the amount of:

$ ____________________________

☐ My contribution is in honor of ________________________________

Contact Information

Name: __________________________________________________________

Organization (if applicable): _________________________________________

Address: ___________________________________________ City, State, Zip: ___________

Phone (Office): ______________________ (Mobile): ______________________

Email: __________________________________________________________

Payment Information

☐ Enclosed is a check (payable to “Chicago Foundation for Women”).

☐ Please charge the credit card below.

☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Card #: ___________________________ Exp. Date: _________ CSC: _________

Full Name (as it appears on card): _________________________________

Signature: ___________________________________________________________________

Mail or email this form to:

Mail: Chicago Foundation for Women  Email: ngarcia@cfw.org
140 South Dearborn Street, Suite 400
Chicago, IL 60603

For more information about the event, visit our website at cfw.org, or contact:
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