



EQUALITY ILLINOIS

EQUALITY ILLINOIS TRIBUTE RECEPTION SPONSORSHIP COMMITMENT

Corporate Sponsor: _____

Contact Name: _____

Address: _____

Telephone: _____

Email: _____

Sponsorship Level*: ___ Presenting ___ Gold (\$5,000)* ___ Silver (\$2,500)* ___ Bronze (\$1,500)*

*Sponsorship rates listed above are early bird rates for commitments made by April 15, 2014. After that date, levels increase to the following: Gold - \$5,500, Silver - \$2,750; Bronze - \$1750

Mailing Address 17 N. State St. Suite 1020 Chicago, IL 60602

Phone 773-477-7173

Fax 773-477-6912

E-mail info@eqil.org

Web www.equalityillinois.org

Tribute Reception June 8, 2014 JW Marriott 151 W. Adams St. Chicago, IL 60603

Bernard Cherkasov Chief Executive Officer Angelo Barone Director of Finance & Administration Michael Nordman Director of Development Patty Dillon Director of Field Programs Chris Huaracha Operations Manager Mitchell Locin Communications Liaison

Payment method:

CHECK [payable to: EQUALITY ILLINOIS EDUCATION PROJECT] ___ Check Attached ___ Check will arrive by _____

CREDIT CARD ___ Visa ___ MasterCard ___ American Express Other _____

Card Number _____ Expiration _____

Name on the Card _____ Security Code _____

The Corporate Sponsor will receive all the benefits detailed for the selected sponsorship level on the attached sponsorship level information sheet. The sponsorship contribution is tax-deductible, as provided by law, less the Fair Market Value of \$35.00 per seat at the Tribute Reception.

By executing this commitment form, you indicate that you are authorized to act on behalf of the Corporate Sponsor and that you understand that in reliance on this commitment form Equality Illinois will provide the Corporate Sponsor all the recognition benefits associated with the requested sponsorship level. Full payment must be received by May 16, 2014.

The terms of this contract has been agreed upon by:

FOR EQUALITY ILLINOIS:

FOR CORPORATE SPONSOR:

Signature

Authorized Signature

Bernard Cherkasov Chief Executive Officer

Authorized Name & Title

Date

Date

Please return one copy of this contract to: Equality Illinois, 17 N. State St., Ste. 1020, Chicago, Illinois 60602 or fax to 773-477-6912