



EQUALITY ILLINOIS

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2015 Gala
February 14, 2015

Hilton Chicago
720 South Michigan
Chicago

Bernard Cherkasov
Chief Executive Officer
Angelo Barone
Director of Finance & Administration
Patty Dillon
Director of Field Operations
Michael Nordman
Director of Development
Mitchell Locin
Communications Liaison
Chris Huaracha
Operations/Administration Coordinator
Bill Stadt
Gala Coordinator

EQUALITY ILLINOIS
2015 GALA SPONSORSHIP COMMITMENT

Corporate Sponsor: _____

Contact Name: _____

Address: _____

Telephone: _____

Email: _____

Sponsorship Level: ___Platinum ___Gold ___Silver ___Bronze Select (full table)
___Bronze

Corresponding contribution: \$_____.00

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 \$125.00 per seat at the Gala.

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 January 8, 2015.

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 Street, Suite 1020, Chicago, Illinois 60602 or fax to:
773-477-6912