



EQUALITY ILLINOIS 2015 GALA
 Hilton Chicago, 720 South Michigan Avenue, Chicago
 Saturday, February 14, 2015
 General Table & Ticket Purchase



Your table/ticket purchase benefits the Equality Illinois Education Project, a 501(c)(3) nonprofit organization, and is tax-deductible as provided by law, except for a **Fair Market Value of \$1,250.00 per table purchased (\$125.00 per seat)**. Tax-deduction letters will only be written to the actual purchaser (individual or corporation) of the table/ticket.

Platinum Table: Includes Admission for 10 to the Premier Reception, Friday, February 13, 2015; Admission for 10 to the Silent Auction Cocktail Party, and **"Best Seating in House"** for 10 at the 2015 Gala Dinner
Price: \$5000.00 Table for 10 Individual Ticket **\$500.00** Each

Premier Table: Includes Admission for 10 to the Premier Reception, Friday, February 13, 2015; Admission for 10 to the Silent Auction Cocktail Party, and **"Preferred Seating"** for 10 at the 2014 Gala Dinner
Price: \$4,000.00 Table for 10 Individual Ticket **\$400.00** Each

Standard Table: Includes Admission for 10 to the Silent Auction Cocktail Party, and Seating for 10 at the 2015 Gala Dinner
Price: \$3,000.00 Table for 10 Individual Ticket **\$300.00** Each

INTERNAL USE ONLY:

TABLE #	ENTERED SALSA	DEPOSIT DATE	PAID IN FULL	TC PACK
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TABLE / Individual Ticket Selection:

Platinum Table: Number of Tables _____ @ \$5,000.00 = _____ (Stretch Pay Option: Four payments of \$1,250.00)
Platinum Ticket: Number of Tickets _____ @ \$ 500.00 = _____
Premier Table: Number of Tables _____ @ \$4,000.00 = _____ (Stretch Pay Option: Four payments of \$1,000.00)
Premier Ticket: Number of Tickets _____ @ \$ 400.00 = _____
Standard Table: Number of Tables _____ @ \$3,000.00 = _____ (Stretch Pay Option: Four payments of \$750.00)
Standard Ticket: Number of Tickets _____ @ \$ 300.00 = _____

Please send me pdf/electronic invitations **Total Due:** _____

If necessary, may we upgrade/move your table? _____ Please send me paper invitations for my guests

Committing Individual or Corporate Entity _____

Contact Person _____

Address _____ Apt / Suite / Unit / Floor _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Name(s) for Table Captain Listing: _____

PAYMENT METHOD (Select one) – payable to EQUALITY ILLINOIS EDUCATION PROJECT ALL PAYMENTS DUE JANUARY 16, 2015

- In Full** – I agree to pay for the full table commitment up-front
- Stretch Payment Plan** – I agree to pay for the table commitment in 4 equal payments spread out over 4 consecutive months: October-January
- Payments by Individual Guests** - I agree that if my guests have not purchased tickets to completely fulfill my table commitment by January 16, 2015, I will pay the remaining balance due immediately using the payment method indicated below.

Signature _____ **Date** _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Payment Method: Check one Check American Express* Discover* Master Card* Visa*

*** For Credit Card Purchases, the following information is required:**

Name on Card: _____

Billing Address: _____

City: _____ State _____ Zip _____

Card Number _____ Exp Date _____ Security Code _____