



**35th Annual**

# **Gift of Life Gala**

**SPONSORSHIP BENEFITS**

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**OCT. 29, 2020 | VIRTUAL**

**[NKFI.ORG/GALA](https://nkfi.org/gala)**



**National Kidney Foundation®**  
of Illinois

# Gift of Life Gala

**October 29, 2020 - Virtual**

The annual Gift of Life Gala brings together approximately 350 of Chicago's top physicians, surgeons, corporate leaders and philanthropists to celebrate accomplishments within the kidney, organ donation, and medical communities. Each year individuals, organizations, or companies that have significantly contributed to the advancement of the NKFI mission are honored. This year's event will be held virtually.

**All sponsors will enjoy verbal recognition during the program and company logo with website link on all pre-and post-event promotional emails.**

	<b>Presenting \$15,000</b>	<b>Platinum \$10,000</b>	<b>Gold \$5,000</b>	<b>Silver \$2,500</b>
Category exclusivity	√			
Listed in all pre and post-event press releases	√	√		
Company promoted on NKFI social media channels	√	√		
Listed as a sponsor in social profiles (magazines/calendars)	√	√		
Logo on online auction page	√	√		
Logo on Zoom landing page	√	√		
Opportunity to provide 3-minute promotional video	√			
Opportunity to provide 2-minute promotional video		√		
Logo on electronic invitation	√	√	√	
Number of ads in virtual Tribute Book	2	1	.5	.25
Number of gift boxes provided for your guests*	15	12	10	5
Name on electronic invitation				√

*\*Mailing and email addresses must be provided for guests no later than 10/15/20*

## Virtual Tribute Book Ad

- Full screen ad \$500
- Half screen ad \$250
- Quarter screen ad \$100
- One line of text \$50

*Specs for ad provided upon purchase.*

# Gift of Life Gala Sponsorship Commitment Form

## Please choose your desired sponsorship level

- ☐ Presenting (\$15,000)
- ☐ Platinum (\$10,000)
- ☐ Gold (\$5,000)
- ☐ Silver (\$2,500)
- ☐ Tribute Book Ad (indicate size)\_\_\_\_\_

Company (as it should appear on print materials)\_\_\_\_\_

Contact Name and Title\_\_\_\_\_

Address \_\_\_\_\_

Phone\_\_\_\_\_Email \_\_\_\_\_

☐ Enclosed is a check (payable to NKFI) in the amount of \$ \_\_\_\_\_

☐ Please invoice me in the amount of \$ \_\_\_\_\_

☐ Please charge \$\_\_\_\_\_to my ☐ Visa ☐ MC ☐ Discover ☐ American Express

Card Number\_\_\_\_\_Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_CVV Code \_\_\_\_\_

Signature \_\_\_\_\_Date \_\_\_\_\_

## Please return this form to Heidi Merritt ([hmerritt@nkfi.org](mailto:hmerritt@nkfi.org)).

*Dates and locations of programs and events subject to change. Inclusion on any print materials is dependent on individual event deadlines. If your organization requires approval of logo/name usage on materials, please include those procedures with your commitment form. All sponsorship opportunities are customizable. Please contact the National Kidney Foundation of Illinois for more information.*