35th Annual
Gift of Life Gala

SPONSORSHIP BENEFITS

OCT. 29, 2020 | THE GERAGHTY
NKFI.ORG/GALA

National Kidney Foundation
of Illinois
Gift of Life Gala
Fall 2020 - Chicago, IL

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. **All sponsors will enjoy verbal on-stage recognition during the stage program, company logo on signage at the event, company logo with website link on all pre-and post-event promotional emails, company logo in Tribute Book, and NKFI staff assistance with seating arrangements.**

<table>
<thead>
<tr>
<th></th>
<th>Presenting $25,000</th>
<th>Platinum $15,000</th>
<th>Gold $10,000</th>
<th>Silver $5,000</th>
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<tbody>
<tr>
<td>Category exclusivity</td>
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<tr>
<td>Logo on inside back cover of Tribute Book</td>
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<td>Listed in all pre and post-event press releases</td>
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<td>Logo on dinner cards at each place setting</td>
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<td>Company promoted on NKFI social media channels</td>
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<td>Listed as a sponsor in social profiles (magazines/calendars)</td>
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<td>Logo on printed and electronic invitation</td>
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<tr>
<td>Number of ads in Tribute Book</td>
<td>2</td>
<td>1</td>
<td>.5</td>
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<td>Number of tables at event</td>
<td>3 tables of 10</td>
<td>2 tables of 12</td>
<td>2 tables of 10</td>
<td>1 table of 12</td>
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<td>Name on printed and electronic invitation</td>
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**Valet Sponsor $2,000**
- Category exclusivity
- Logo on sign, displayed at valet stand

**Coat Check Sponsor $500**
- Category exclusivity
- Logo on sign, displayed at coat check
Gift of Life Gala
Sponsorship Commitment Form

Please choose your desired sponsorship level
- Presenting ($25,000)
- Platinum ($15,000)
- Gold ($10,000)
- Silver ($5,000)
- Valet ($2,000)
- Coat Check ($500)

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 Abby Slade (aslade@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.