

HEARaid Gala: *The Resonance of Revelry*

Underwriting/Sponsorship Levels

Please check your level of support.

\$25,000 + Presenting Sponsor

Name listed as Presenting Sponsor of Gala
Special Commemorative Memento
Complimentary Gala Group Photo
Two premier tables for ten at the Gala
Ten Patron Party tickets
Special recognition in the program book
Recognition at the Gala
Recognition in printed materials

\$10,000 Major Underwriters

Premier table for ten at the Gala
Six Patron Party tickets
Special recognition in the program book
Recognition at the Gala
Recognition in printed materials

\$5,000 Grand Benefactors

Table for ten at the Gala
Six Patron Party tickets
Recognition in the program book
Recognition at the Gala

\$3,000 Benefactors

Table for ten at the Gala
Four Patron Party tickets
Recognition at the Gala
Recognition in Gala program book

\$1,750 Table Sponsors

Table for ten at the Gala
Two Patron Party tickets
Recognition in Gala program book

\$1,250 Reception Sponsors

Four tickets to the Gala
Two Patron Party tickets
Recognition in Gala program book

\$1,000 Sponsors (per couple)

Two tickets to the Gala
Two Patron Party tickets
Recognition in Gala program book

\$175 Individual Ticket

One ticket to the Gala

**\$125 Individual Ticket —
EARLY BIRD REGISTRATION**

One ticket to the Gala
(must be postmarked by Saturday,
September 26, 2009)

We are unable to attend, but enclosed is a fully tax-deductible donation.

**Please respond by Friday, October 9.
Please complete the other side of this form.**

To be included in the Gala program book, please respond
by Monday, September 28.

For tax purposes, the fair market value of each individual ticket is \$55 and each patron party ticket is \$25. Please retain a copy of this form for your records. Tax receipts will be mailed if the charitable portion of your payment equals or exceeds \$250.

I/we want to support Midwest Ear Institute with an amount of \$_____.
(Please see reverse side for description of underwriting/sponsorship levels.)

I/we want to support Midwest Ear Institute **with an in-kind donation for the Gala silent or live auctions.** Please contact me at _____.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please list my/our names in the Gala program as follows:

Dietary Restrictions: _____

Group Seating Request: I/We wish to be seated with the following persons:

(Reservations must be received by September 28 to receive Gala name recognition.)

Payment Type:

Check: Please make your check payable to Saint Luke's Hospital Foundation and mail in the enclosed pre-addressed envelope. Your check is your reservation.

Credit card: (Please check one) Master Card Visa Discover Amex

Credit card #: _____ Expiration Date: _____

Name as it appears on credit card: _____

Is this a company credit card? Yes No

You may register online at saintlukesgiving.org 816.932.1660