



2018 SMOKE OUT SICKLE CELL FUNDRAISER

Benefiting the Charles Horn III Sickle Cell Program

Galleria Marchetti

825 W. Erie Street | Chicago, IL 60642

Wednesday, May 23, 2018 at 6:00 PM

Sponsorship Form

Donor Information (please type name exactly as it should be listed in printed material)

Name for Listing: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Telephone: _____ Email: _____

Event Sponsorship - \$3,000.00

- One table of ten (10) seats
- Preferred seating placement at the event
- Logo in the event program
- Logo displayed throughout the event
- Sponsorship recognition on the 2018 Smoke Out website

Payment Options

Enclosed is a check in the amount of \$ _____

Please make check payable to: La Rabida Children's Hospital

Credit card payments may be completed online at <http://www.larabida.org/events/55> OR

Mastercard Visa Discover American Express

Cardholder's Name: _____

Account #: _____ Expiration Date: _____ Security Code: _____

Signature: _____

Mail this form payment (if by check) to: **La Rabida Children's Hospital**
ATTN: Michele A. Wysoglad
6501 South Promontory Drive
Chicago, IL 60649
Phone: (773) 753-9606

Email your logo (if applicable) to: vhorn@e-magellan.com

Deadline for Sponsorships: Monday, May 7, 2018

*All donations are tax deductible to the extent allowed by law.
Internal Revenue Employer ID Number: 36-2170143*

*On behalf of La Rabida Children's Hospital and the special children we serve
our sincerest thanks for your generosity.*