## THE COMER CHILDREN'S KIDS' FASHION SHOW SPONSORSHIP FORM

Please respond by April 1, 2018, to be included in the program.

The Comer Development Board will host the Kids' Fashion Show on Sunday, April 29, 2018, to benefit the University of Chicago Medicine Comer Children's Hospital. The event will take place at the Four Seasons Hotel in Chicago.

Comer Children's is built upon a rich tradition of groundbreaking research and excellence in patient care, deeply impacting the children and families we serve. Your sponsorship of the Kids' Fashion Show will allow us to support critical programs that touch and improve thousands of young lives each year. Since 2011, the Kids' Fashion Show has brought together hundreds of families and businesses from the Chicago-area and beyond to raise funds for Comer Children's Hospital. More than 45% of the 2017 Fashion Show attendees reside in the upscale Gold Coast and Lincoln Park neighborhoods.

Visit the event website to learn more: uchicagokidshospital.org/classes-events/kids-fashion-show/

Name			Company Name				
Address			City/State/Zip				
Contact Name and Title (	if different)						
Email		Phone Number(s)	Website				
SPONSORSHIP OPP	ORTUNITIES (SI	EE REVERSE SIDE I	FOR BENEFITS):				
□ \$10,000 Icon			☐ \$1,000 Chic				
☐ \$5,000 Trend Set	ter		☐ \$500 Avant-Garde				
□ \$2,500 Luxe			☐ In-Kind Donation				
			I will provide the above item for the event				
☐ I am pleased to e	nclose a donatic	on in the amount of	\$				
☐ Individual Tickets	s: Please reserve	tickets at \$2	200 per person.	□ \$2,000 <b>Table of 10</b>			
☐ Runway Seating <sup>-</sup>	Tickets: Please r	eserve ticket	s for me at \$250 per	person.   \$\Begin{align*} \Pi & \$2,500 \text{ Runway Table of 10} \end{align*}			
PAYMENT METHOD:							
☐ Enclosed, please	find a check ma	de payable to <i>The U</i>	Iniversity of Chicago.				
☐ I will pay online a	t uchicagokidsh	ospital.org/classes-	events/kids-fashion-s	show/			
Please charge my	□ Visa	□ Discover	☐ MasterCard	☐ American Express			
Name on Card		Account #		Expiration Date			
Billing Address (if different from above)				City/State/Zip			
\$ Amount		Signature					
☐ Please accept this	s pledge. A chec	k will be mailed by	// 2018	3.			

## PLEASE SEND COMPLETED FORM AND CHECKS TO:

The University of Chicago Medicine & Biological Sciences

Attention: Lexi Fiedler

130 East Randolph Street, Suite 2500

Chicago, Illinois 60601



## COMER CHILDREN'S KIDS' FASHION SHOW



**Giving With Style** 

## SUNDAY, APRIL 29, 2018, AT THE FOUR SEASONS HOTEL SPONSORSHIP OPPORTUNITIES

KIDS' FASHION SHOW SPONSORSHIP LEVELS  BENEFITS  KIDS' FASHION SHOW SPONSORSHIP LEVELS  BENEFITS									
Runway-side guest tickets	10 (table)	5	5	2	0	0			
Inclusion of your logo/name in program book	Most Prominent	Extremely Prominent	Very Prominent	Prominent	х	х			
Recognition by speakers at the event	X	х	х	х	х				
Recognition on website	X	x	x	x					
Ad in event program book	Full page ad	Full page ad	Half page ad	Business card sized ad					
Recognition on the Comer Children's Facebook page	X	x	x						
Opportunity to have logo on guest table tents	X	x	x						
Logo placement on photo backdrop for pre-event model photos	х	x	х						
Opportunity to include item in models' gift bags (at your expense)	x	x							
Logo placement on banner displayed above stage and runway	x								