



dreaming **BIG** for autism

A Celebration Benefiting Have Dreams

**PINSTRIPES** in Northbrook, IL

**Saturday, April 27, 2019**

**6:30pm - 11:30pm**

**Dinner, Bowling, Bocce  
Silent Auction & Raffles**

**1 Sponsorships, Ticket Reservations and Contributions**

Sponsorship Levels and Benefits	\$15,000 PRESENTING SPONSOR	\$10,000 BOWLING SPONSORS	\$10,000 BOCCÉ SPONSORS	\$5,000 BEVERAGE WINE/BEER SPONSORS	\$3,500 DINING SPONSORS	\$2,500 DREAM SPONSORS
TWO RESERVED VIP TABLES	●					
ANNOUNCED AT EVENT & HIGHLIGHTED IN SPONSOR VIDEO	●	●	●			
LISTED ON SAVE-THE-DATE & INVITATION	●	●	●			
APPEAR ON MOBILE BIDDING PLATFORM	●	●	●	●		
EXCLUSIVE SPONSOR SIGNAGE	●	●	●	●	●	
SPONSOR VIDEO LISTING	●	●	●	●	●	●
EVENT NIGHT SIGNAGE	●	●	●	●	●	●
EVENT TICKETS	20	20	20	15	10	10

**Please indicate your sponsorship level**

- Presenting Sponsor\* \$15,000     Bocce Sponsors\* \$10,000  
 Bowling Sponsors\* \$10,000     Beverage/Wine/Beer Sponsors \$5,000  
 Dining Sponsors \$3,500     Dreaming Big Sponsors \$2,500

\*Sponsor logos requested by December 7, 2018 for print collateral.

**Ticket Reservations**

Individual Ticket(s): \_\_\_\_\_ @ \$125 per person

**Ticket Reservation Total:** \$ \_\_\_\_\_

I would like to make a contribution in the amount of: \$ \_\_\_\_\_

**TOTAL Sponsorship, Tickets and Contribution:** \$ \_\_\_\_\_

**Please register and reserve your tickets by April 5, 2019.**

**2 Your Information** (Please print)

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Company Name \_\_\_\_\_

Sponsor/donation attribution to appear in program: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Office phone \_\_\_\_\_ Fax \_\_\_\_\_

**3 Payment Options**

Check # \_\_\_\_\_ (payable to Have Dreams)

Credit Card:  Visa     Mastercard    Security Code \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Have Dreams is a 501(c)(3) organization. Cash and sponsorship donations are tax-deductible to the extent allowed by law. Our IRS EIN# is 36-4078008.

**4 In-Kind Auction Item Donation**

Item Description

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Item Donor

\_\_\_\_\_

Item Value/Restrictions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5 PLEASE RETURN TO:**

**Have Dreams**

**515 Busse Highway, Suite 150**

**Park Ridge, IL 60068**

**Phone: (847) 685-0250 Fax: (847) 685-0257**

Email: [kpassaneau@havedreams.org](mailto:kpassaneau@havedreams.org)

[www.havedreams.org](http://www.havedreams.org)