



2018 CHEFS' DINNER

SPONSORSHIP OPPORTUNITIES

\$7,500 • PRESENTING SPONSOR (SOLD)

- One premier table (8 seats at the table)
- Logo included on the Save the Date, Invitation and Evening Program Booklet
- Exclusive recognition as the Presenting Sponsor in all event and promotional materials

\$5,000 • CHEF SPONSOR (Six Available)

- One premier table (8 seats at the table)
- Recognition as a Chef Sponsor for one Chef's specific course on the menu and event materials
- Recognition as a Chef Sponsor in all event and promotional materials

\$2,500 • RECEPTION SPONSOR (Multiple Available)

- One table (8 seats at the table)
- Recognition for the complimentary champagne guests receive upon arrival
- Recognition as the Reception Sponsor in all event and promotional materials

\$1,750 • TABLE SPONSOR (Multiple Available)

- One table (8 seats at the table)
- Recognition as a Table Sponsor in all event and promotional materials

\$1,000 • PLATINUM SPONSOR (Multiple Available)

Choice of: Print & Graphics / Audio-Visual

- Four individual seats
- Recognition as a Platinum Sponsor in all event and promotional materials

\$500 • GOLD SPONSOR (Multiple Available)

Choice of: Floral & Décor / Valet Parking

- Two individual seats
- Recognition as a Gold Sponsor in all event and promotional materials

\$175 • INDIVIDUAL SEAT

Contact Bridget Kesner at (414) 935-6511 or bkesner@rmhc-easternwi.org with any questions.

2018 CHEFS' DINNER

SPONSORSHIP RESPONSE FORM

SOLD \$7,500 Presenting Sponsor (One Only)

_____ \$5,000 Chef Sponsor (Six Available)

_____ \$2,500 Reception Sponsor (Multiple Available)

_____ \$1,750 Table Sponsor (Multiple Available)

_____ \$1,000 Platinum Sponsor (Multiple Available)

Choice of (Circle One): Print & Graphics / Audio-Visual

_____ \$500 Gold Sponsor (Multiple Available)

Choice of (Circle One): Floral & Decor / Valet Parking

_____ \$175 Individual Seat

_____ I can't attend this year, but would still like to donate.

\$_____ Total Amount Enclosed

Company / Individual _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Payment Options:

_____ Check enclosed (Please make check payable to RMHC Eastern Wisconsin)

_____ Mastercard _____ Visa _____ Discover _____ AmEx _____ Please Invoice

Credit Card Number _____ Expiration Date _____

Name On Card _____ CVC Code _____

Billing Address _____

City _____ State _____ Zip _____

