Thursday, March 14, 2019 | 5:00-9:00pm
Radisson Hotel & Conference Center
Rockford, IL

7th Annual
DINING IN THE DARK

Sponsorship Opportunities

☐ Radiance — $5,000

- 10 seats at the designated head table with company name
- Sponsor name & logo on sensory items used during event
- Company name & logo on Vision Clinic donor wall
- Top billing on all marketing and promotional materials (including invitations and save the date* mailings)
- Continuous recognition on social media & website banners
- Sponsor name and logo on menu cards and displayed at event
- Opportunity to distribute unique giveaway to all guests
- Acknowledgement in newsletters & Annual Report

*Sponsorship must be received by **November 30, 2018** to be included on save the date mailing.

☐ Luminance — $1,500

- 8 seats at a table with company name
- Recognition on marketing and promotional materials
- Sponsor name listed on menu cards and displayed at event
- Acknowledgement in newsletters & Annual Report

☐ Brilliance — $2,500

- 8 seats at a prominently placed table with company name
- Recognition on marketing and promotional materials
- Company name on Vision Clinic donor wall
- Callouts on social media & website leading up to event
- Sponsor logo on menu cards and displayed at event
- Acknowledgement in newsletters & Annual Report

☐ Shine — $500

- 4 seats at a table
- Sponsor name displayed at event
- Acknowledgement in newsletters & Annual Report

☐ Glow — $250

- Name recognition at event
- Acknowledgement in newsletters & Annual Report

I/We will support the 7th Annual Dining in the Dark by:

❑ **CASH DONATION $**_____
❑ **AUCTION DONATION $**_____ (approx. dollar value)

Description of auction gift _____

_____

_____

Please respond by **February 18, 2019** to confirm your sponsorship. Please send all company logos to the email address below. You can call, fax, mail, or email your sponsorship commitment to:

Center for Sight & Hearing
c/o Dining in the Dark, Bobby Reitsch
PO Box 5944, Rockford, IL 61125
Phone: 815-332-6838 | Fax: 815-332-6810
Email: breitsch@cshni.org

COMPANY NAME _____
CONTACT_____
ADDRESS_____
CITY_____ **STATE**_____ **ZIP**_____
PHONE NUMBER _____

PAYMENT OPTIONS:

❑ **CHECK** payable to Center for Sight & Hearing

CREDIT CARD: ❑ Visa ❑MasterCard ❑Discover ❑AmEx

CARD NUMBER _____

EXP. DATE _____**CVV**_____

SIGNATURE _____

PRINT NAME_____