

## Payment Information

NAME

EMAIL

COMPANY NAME

ADDRESS

SUITE/APT

CITY/STATE/ZIP

HOME PHONE

OFFICE PHONE

FAX

This is a corporate table.

Check enclosed. *Please make checks payable to the Illinois Holocaust Museum & Education Center.*

Visa    Master Card    American Express    Discover  
*I authorize the Illinois Holocaust Museum & Education Center to charge my credit card.*

CARD NUMBER

EXP. DATE

CARDHOLDER NAME

SIGNATURE

### Please return to the Development Office

Fax: (847) 967-4501 or Email: [dinner@ilhmec.org](mailto:dinner@ilhmec.org)

Illinois Holocaust Museum & Education Center • 9603 Woods Drive, Skokie, Illinois 60077

Phone: (847) 967-4504 • [www.ilholocaustmuseum.org](http://www.ilholocaustmuseum.org)



# ILLINOIS Holocaust Museum & Education Center

## Inaugural Gala and Annual Dinner

# Thursday April 2, 2009

on the grounds of the

### Illinois Holocaust Museum & Education Center

Skokie, Illinois

## Table Sponsorship Levels

PLEASE CHECK A BOX

**Sponsor: \$50,000**

*Two VIP tables for ten*

*Ten tickets to private reception and tour*

*Recognition on invitation*

*Special acknowledgement at gala*

*One gold page ad in commemorative book*

*Program listing*

**Benefactor: \$25,000**

*One VIP table for ten*

*Eight tickets to private  
reception and tour*

*One gold page ad in  
commemorative book*

*Program listing*

**Leader: \$12,500**

*One VIP table for ten*

*One gold page ad in  
commemorative book*

*Program listing*

**Patron: \$7,500**

*One table for ten*

*One silver page ad in  
commemorative book*

*Program listing*

**Friend: \$3,500**

*One table for ten*

*Program listing*

**Individual ticket: \$350**

## Commemorative Book Advertising

PLEASE CHECK A BOX

**Back Cover: \$10,000**

**Inside Front Cover: \$7,500**

**Inside Back Cover: \$7,500**

**Gold Page: \$5,000**

**Silver Page: \$2,500**

**Full Page: \$1,000**

**Half Page: \$500**

**Quarter Page: \$250**

**Tribute Line: \$100**