

Yes, I/We want to support ACCESS and its efforts to provide quality health care to 200,000 medically underserved Chicagoland residents. (Please select)

\$25,000 HEROES SPONSOR

Premier logo recognition in post-Heroes *Chicago Tribune* ad and on Heroes press releases and invitations. Sponsorship includes two-page program book ad and 20 event tickets.

\$10,000 CHAMPION SPONSOR

Logo recognition in post-Heroes *Chicago Tribune* ad and on Heroes press releases and invitations. Sponsorship includes full-page program book ad and 10 event tickets.

\$5,000 LEADER SPONSOR

Name recognition in post-Heroes *Chicago Tribune* ad and on Heroes press releases and invitations. Sponsorship includes half-page program book ad and 10 event tickets.

\$3,000 FRIEND SPONSOR

Sponsorship includes quarter-page program book ad and 10 event tickets.

\$1,750 TABLE SPONSOR

Name listing in program book and 10 event tickets.

TABLE CO-SPONSOR

Split a table of 10 with one or two colleague(s). Sponsorship includes name listing in program book. Please provide the name(s) of Table Co-Sponsor _____.
Co-Sponsor Amount \$_____.

DONOR

Tickets are \$175 each, (# of tickets _____).

Sorry, we cannot attend this year's event. Please accept our donation of \$_____ to support the *C. Michael Savage Memorial Fund for Uninsured Patients*.

NAME

TITLE

ORGANIZATION

ADDRESS

CITY/STATE/ZIP

PHONE

EMAIL

NAME AS IT SHOULD APPEAR ON RECOGNITION MATERIALS

PAYMENT TYPE Check (payable to ACCESS) is enclosed Visa MasterCard

CREDIT CARD NUMBER

EXPIRATION DATE

NAME AS IT APPEARS ON CARD

SIGNATURE

ACCESS is a 501(c)3 organization. Our tax identification number is 36-3317058. All contributions and \$90 of each ticket are tax deductible. For more information, contact Deila Davis by phone (773) 257-2016, fax (773) 257-5639, or email davdei@accesscommunityhealth.net. Please reply by May 28, 2007.

Please list guests on reverse side.