



SPOTLIGHT ON

Saturday, January 27, 2018

Hilton Milwaukee City Center

EVENT SUPPORT OPPORTUNITIES

Solid Gold Sponsor | \$7,500

- Designated official sponsor of either Livestream Program or Awards
- Designated *Solid Gold* Sponsor on all electronic materials
- Logo, product placement, or branded items featured during event
- Full page (7.5" x 10") ad in the *Spotlight* Yearbook
- Three (3) dedicated Facebook posts recognizing organization
- Two (2) tables with premium location (floor-side seating for 16)
- Table wine

50th Anniversary Sponsor | \$5,000

- Designated official sponsor of either Anniversary Champagne Toast or Dance Party
- Designated *50th Anniversary* Sponsor on all printed and electronic materials
- Half page (7.5" x 5"), full color ad in the *Spotlight* Yearbook
- One (1) dedicated Facebook post recognizing organization
- Two (2) tables with premium location (floor-side seating for 16)

Birthday Table Sponsor | \$1,968

- Name listed in the *Spotlight* Yearbook
- One (1) table (seating for 8)

Anniversary Celebration Tickets | \$250/EACH

**Celebrating History.
Creating the Future.**

Be a part of a special evening honoring the 50 years of life-saving education, research and advocacy of the National Kidney Foundation of Wisconsin.

SPOTLIGHT ON



2018 TABLE/TICKET RESERVATION ORDER FORM

Solid Gold Sponsor | \$7,500

SELECT DESIGNATED SPONSORSHIP: Livestream Program Awards

50th Anniversary Sponsor | \$5,000

SELECT DESIGNATED SPONSORSHIP: Anniversary Champagne Toast Dance Party

Birthday Table Sponsor | \$1,968 (TABLE ONLY)

Tickets | \$250/ticket (Quantity: _____ x \$250 = \$_____)

Spotlight Yearbook Ad | \$500

I can't attend, here is my donation of \$_____

Send invoice. Amount \$_____

Check enclosed. Amount \$_____

(Payable to the National Kidney Foundation of Wisconsin)

Charge \$_____: Visa MasterCard American Express Discover

Card Holder Name: _____

Card #: _____ Exp. Date: _____ Security Code: _____

Signature: _____

National Kidney Foundation of Wisconsin Tax ID Number: 39-1133761 • W-9 available upon request

Contact Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____



National Kidney Foundation*
of Wisconsin

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Updated
12/05/17