



# Celebrating 20 Years of Agapi 12.10.22

Complete both sides of this card and return in the enclosed envelope.

## PROGRAM BOOK SPONSORSHIP WITH TABLE PURCHASE OPPORTUNITIES:

### Grand Benefactor - \$25,000

- Three complimentary tables of ten at Gala dinner • Photo *Meet and Greet* with Giorgos Daskoulidis
- VIP seating at Gala dinner • Special recognition from the podium as "Grand Benefactor"
- Full-page color spread in event program book and on our social media

### Platinum Benefactor - \$15,000

- Two complimentary tables of ten at Gala dinner • Photo *Meet and Greet* with Giorgos Daskoulidis
- VIP seating at Gala dinner • Special recognition from the podium as "Platinum Benefactor"
- Full-page color spread in event program book and on our social media

### Gold Benefactor - \$10,000

- One complimentary table of ten at Gala dinner • VIP seating at Gala dinner
- Special recognition from the podium as "Gold Benefactor" • Full-page color spread in event program book and on our social media

**Silver - \$5,000** • Five complimentary tickets at Gala dinner • Prominent seating at Gala dinner  
 • Special recognition from the podium as "Silver Benefactor" • Full-page color spread in event program book.

### Bronze - \$2,500

- Two complimentary tickets at Gala dinner • Half-page color listing in event program book

**Patron - \$1,000** • One complimentary ticket • Listing in event program book

**Supporter - \$\_\_\_\_\_**

## TICKET RESERVATIONS

Please reserve \_\_\_\_\_ seats at \$275.00 *per person* (tables of ten)

Please reserve \_\_\_\_\_ seats at \$300.00 *per person* after December 1<sup>st</sup> (tables of ten)

**RESERVATIONS ARE CONFIRMED ONLY WITH PAYMENT.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_ Enclosed is my check payable to: **Greek American Health Services Foundation**

\_\_\_\_ Please charge my credit card: \_\_Visa \_\_MasterCard \_\_ American Express \_\_Discover

\_\_\_\_ CARD NUMBER \_\_\_\_\_ CCY CODE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

\_\_\_\_ CARDHOLDER NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**No, I will not be attending the Dinner Gala but wish to make a contribution to the Greek American Health Services Foundation**

Total amount enclosed: \$\_\_\_\_\_

## RESERVATIONS

PLEASE LIST THE NAMES OF PERSONS IN YOUR PARTY OR PERSONS WITH WHOM YOU WISH TO BE SEATED.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Please respond by November 28, 2022  
with the enclosed envelope

For more information call 224-434-0509  
or visit [www.greekamericancare.org](http://www.greekamericancare.org)

## Hotel Information

Overnight accommodations available at

Westin O'Hare Hotel

December 9<sup>th</sup> thru December 11<sup>th</sup>

Special discounted rate \$134 per night

For reservations call 888-627-8517