

# Gala 2017

ON FRIDAY, JUNE 9

**30<sup>th</sup> Chicago Shakespeare Theater**  
on navy pier

## RESPONSE FORM

**FRIDAY, JUNE 9, 2017 AT CHICAGO SHAKESPEARE THEATER  
800 E. GRAND AVENUE ON NAVY PIER CHICAGO, IL 60611  
6:00PM COCKTAILS, DINNER AND ARTISTIC PROGRAM TO FOLLOW**

YES, I will support Chicago Shakespeare Theater's outreach and education programming through its 2017 Gala.

- \_\_\_\_\_ **Lead Consortium** \$50,000
- Premier seating for up to ten event guests including a private 30<sup>th</sup> anniversary toast with special guests
  - Logo recognition on all event materials including in a full-page Gala Sponsor thank-you ad in CST program book
  - Ten complimentary tickets to CST's 2017/18 season
  - Year-long recognition in all CST donor listings
  - Distinct recognition on a full-page GALA 2017 program book salute
- \_\_\_\_\_ **30<sup>th</sup> Anniversary Host Committee** \$30,000
- Premier seating for up to ten event guests
  - Prominent listing in full-page Gala Sponsor thank-you ad in CST program book
  - Ten complimentary tickets to CST's 2017/2018 season
  - Year-long recognition in all CST donor listings
  - Distinct recognition on a full-page GALA 2017 program book salute
- \_\_\_\_\_ **Benefactor** \$12,000
- Seating for up to ten event guests
  - Year-long recognition in all CST donor listings
- \_\_\_\_\_ **Individual Sponsor Reservation(s)** \$2,500 each
- Premier seating for one individual event guest
- \_\_\_\_\_ **Individual Patron Reservation(s)** \$1,000 each
- Reserved seating for one individual event guest

I am unable to attend Gala 2017 and wish my entire sponsorship to be a contribution to Chicago Shakespeare Theater.

NO, I am unable to attend, but wish to make a contribution in the amount of \$ \_\_\_\_\_ .

Signature: \_\_\_\_\_

(by signing, I commit to contribute the amount indicated above)

Please see reverse to complete your form

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Please make checks payable to: CHICAGO SHAKESPEARE THEATER

CHICAGO SHAKESPEARE THEATER IS A 501 (C)(3) ORGANIZATION. CONTRIBUTIONS ARE DEDUCTIBLE AS PROVIDED BY LAW.  
TAX ID 36-3467607

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

Company: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name (for questions and seating): \_\_\_\_\_

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

*How would you like your name to appear in printed materials? (Please list on the line below. Example: Jane Doe, XYZ Company.)*

\_\_\_\_\_

For more information please call Samantha Plotner, Gala and Institutional Relations Coordinator, at 312-667-4991 or email [splotner@chicagoshakes.com](mailto:splotner@chicagoshakes.com)

This form can be returned via email to [splotner@chicagoshakes.com](mailto:splotner@chicagoshakes.com) or via mail to:

Chicago Shakespeare Theater  
800 E. Grand Avenue  
Chicago, IL 60611