



2021 Hope Through Caring Gala Offline ticket and sponsorship order form

HONORING:

Steve Gleason, *Harvey and Bonny Gaffen Advancements in ALS Award*
Robert Ives, *Hope Through Caring Award*

Date: Saturday, March 20, 2021 - Virtual Event – 7:00PM

Email: events@lesturnerals.org

Mail: Les Turner ALS Foundation

5550 W Touhy Ave., Suite 302

Skokie, IL 60077

Attn: Hope Through Caring Gala

Name_____

Company_____

Address_____

City_____ State_____ Zip_____

Phone_____ E-mail_____

Sponsorship Options:

Leadership Sponsor \$25,000*

Recognized as Leadership Sponsor in all Hope Through Caring Gala materials. Dinner for 20, including wine and other surprises delivered to your home and your guests' homes, access to private cocktail reception via Zoom prior to program and access to virtual interactive research update and lab tour.

Benefactor Sponsor \$10,000*

Recognized as Benefactor Sponsor in all Hope Through Caring Gala materials. Dinner for 10, including wine delivered to your home and your guests' homes, access to private cocktail reception via Zoom prior to program and access to virtual interactive research update and lab tour.

Supporting Sponsor \$5,500*

Recognized as Supporting Sponsor in all Hope Through Caring Gala materials. Dinner for 10, including wine delivered to your home and your guests' homes.

Ticket Options:

Person Living with ALS (\$0 x Number of Tickets) \$_____

Complimentary ticket purchase option for a person living with ALS and a guest. Limit 2 total tickets.

General Admission ticket (\$100 x Number of Tickets) \$_____

Includes a link to view the 2021 Hope Through Caring Gala, digital program, and dinner & drink recipe ideas emailed prior to the Gala.

Emerging Leader (35 and under) (\$200 x Number of Tickets) \$_____

Includes a link to view the 2021 Hope Through Caring Gala, dinner and wine for one delivered to your home, and a printed program.

Dinner for 1 (\$250 x Number of Tickets) \$_____

Includes a link to view the 2021 Hope Through Caring Gala, dinner and wine for one delivered to your home, and a printed program.

Dinner for 2 (\$500 x Number of Tickets) \$_____

Includes a link to view the 2021 Hope Through Caring Gala, dinner and wine for two delivered to your home, and a printed program.

Dinner for 4 (\$1,000 x Number of Tickets) \$_____

Includes a link to view the 2021 Hope Through Caring Gala, dinner and wine for four delivered to your home, and a printed program.

Dinner for 6 (\$1,500 x Number of Tickets) \$_____

Includes a link to view the 2021 Hope Through Caring Gala, dinner and wine for six delivered to your home, and a printed program.

I am unable to commit, please accept this donation to further ALS programs \$ _____

Payment Options:

- Bill me
- Payment enclosed (*Checks should be made payable to Les Turner ALS Foundation*)
- Other (*Contact Jenni Romack at jromack@lesturnerals.org for instructions*)

Amount \$_____ Card: Visa____ MasterCard____ Discover____ American Express____

Card #_____

Expiration_____ Security Code_____

Name on Card_____

Signature_____

- Yes, I would like to cover debit/credit card processing fees
- No, I would like the Les Turner ALS Foundation to cover debit/credit card processing fees

** A portion of your contribution is tax-deductible and will be acknowledged by a confirmation letter from the Les Turner ALS Foundation.*

2021 Hope Through Caring Gala

Guest information and meal choices

Please include guest contact information to receive important event updates

Your Name: _____

Meal choice: Beef Vegetarian

Please list any dietary restrictions: _____

Guest Name: _____ Guest Phone: _____ Guest Email: _____

Meal choice Beef Vegetarian

Please list any dietary restrictions: _____

Guest Name: _____ Guest Phone: _____ Guest Email: _____

Meal choice: Beef Vegetarian

Please list any dietary restrictions: _____

Guest Name: _____ Guest Phone: _____ Guest Email: _____

Meal choice: Beef Vegetarian

Please list any dietary restrictions: _____

Guest Name: _____ Guest Phone: _____ Guest Email: _____

Meal choice: Beef Vegetarian

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Meal choice: Beef Vegetarian

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Guest Name: _____ Guest Phone: _____ Guest Email: _____

Meal choice: Beef Vegetarian

Please list any dietary restrictions: _____

Guest Name: _____ Guest Phone: _____ Guest Email: _____

Meal choice: Beef Vegetarian

Please list any dietary restrictions: _____

Guest Name: _____ Guest Phone: _____ Guest Email: _____

Meal choice: Beef Vegetarian

Please list any dietary restrictions: _____

Guest Name: _____ Guest Phone: _____ Guest Email: _____

Meal choice: Beef Vegetarian

Please list any dietary restrictions: _____

Wine preference: Red White

**1 bottle per 2 people*

Additional comments or notes: