



mental health association  
of illinois valley, inc.

*50<sup>th</sup> Anniversary Celebration*

*Saturday, April 25, 2009, 5:00 – 7:30 p.m.*

*Embassy Suites, 100 Conference Center Drive, East Peoria*

*Sponsorship Levels*

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> <i>Gold</i>   | <i>\$1000 or More</i> |
| <ul style="list-style-type: none"> <li>• <i>Recognition at event and in program</i></li> <li>• <i>Eight (8) complimentary reservations</i></li> </ul>  |                       |
| <input type="checkbox"/> <i>Silver</i>   | <i>\$500</i>          |
| <ul style="list-style-type: none"> <li>• <i>Recognition at event &amp; in program</i></li> <li>• <i>Four (4) complimentary reservations</i></li> </ul> |                       |
| <input type="checkbox"/> <i>Bronze</i>   | <i>\$250</i>          |
| <ul style="list-style-type: none"> <li>• <i>Recognition at event &amp; in program</i></li> <li>• <i>Two (2) complimentary reservations</i></li> </ul>  |                       |
| <input type="checkbox"/> <i>Honorable Mention</i>  | <i>\$100</i>          |
| <ul style="list-style-type: none"> <li>• <i>Recognition at event &amp; in program</i></li> </ul>   |                       |
| <input type="checkbox"/> <i>Exhibitor Table (space is limited)</i>   | <i>\$100</i>          |
| ___ <i>Reservations (per additional person)</i>  | <i>\$50</i>           |

*We will use \_\_\_\_\_ banquet tickets. You may donate the balance of our tickets back to the Mental Health Association of Illinois Valley, Inc.*

|  |                                    |
|--|------------------------------------|
| Company/Name (as it should be listed): _____ |                                    |
| Contact: _____                               | Title: _____                       |
| Address: _____                               |                                    |
| City: _____                                  | State: ___ Zip: _____ Phone: _____ |
| Fax: _____                                   | E-mail: _____                      |

*Please mail payment along with Sponsorship Form by April 10<sup>th</sup> to:*

Mental Health Association of Illinois Valley, Inc. (MHAIV)  
Attn: Priscilla Slaughter, 5407 N. University, Peoria IL 61614

*Questions? Please call 309-692-1766. Thank you for your support!*