ILLUMINATION 2019 RESERVATION FORM

CHICAGO LOOP ALLIANCE FOUNDATION'S FIFTEENTH ANNUAL GALA FRIDAY, SEPTEMBER 20 | 6:30-11:00 PM | HILTON CHICAGO



PRIMARY CONTACT N	AME					
MAILING ADDRESS				CITY	STATE	ZIP
COMPANY NAME				E-MAIL ADDRESS		PHONE
TICKETS [Preferred tab Name recogn Logo recognit 	LE + VIP AFTER PA le seating for ten gues ition on Gala invitatio ion in the Gala progra guests to VIP After-Pa	sts n* ım book and Annual Report	*	
[\$3,750 TABLE Reserved table seating for ten guests Name recognition on Gala invitation* Name recognition in the Gala program book and Annual Report* *Your reservation form must be submitted by Friday, June 21 to be included in the invitation. 				
[\$550 TICKET + VIP AFTER PARTY Preferred table seating for one guest Entry for one guest to the VIP After-Party Please indicate number of tickets in space provided 				
[\$375 TICKET – Reserved table seating for one guest Please indicate number of tickets in space provided				
l		I AM UNABLE	TO ATTEND, PLEAS	E ACCEPT MY DONATIO	N OF	
PAYMENT MET	HOD	Fuele and in a	abaal (
		Enclosed is a	CNECK (payable to Ur	icago Loop Alliance Foundat	tion)	
[Please invoic	e me (must be paid in	full by September 6, 2019)		
[Please Charge my (indicate one)					
L		VISA	AMEX	MASTERCARD	DISCOVER	
\$ AMOUNT TO CHARG	E		NAME ON CARD			
ACCOUNT NUMBER			EXPIRATION DATE		SECURITY CODE	
BILLING ADDRESS FOR CARD		CITY	STATE	ZIP		
PHONE 312.782.9160	E-N	1AIL sarah@chica	goloopalliance.com			

MAIL | Chicago Loop Alliance Foundation | 55 W Monroe Street, Suite 2660 | Chicago, IL 60603 THE CHICAGO LOOP ALLIANCE FOUNDATION IS A 50I (C)(3) CORPORATION. PLEASE NOTE, PLEDGES ARE BINDING AND RESERVATIONS ARE NON-REFUNDABLE.