

Come together with Chicago-area civic, business and philanthropic leaders for Metropolitan Family Services' **42nd Annual Mpower the Night**, a celebration of community. Join us for an empowering evening highlighting the achievements of our families and the impact of our programs, all made possible by investment in our communities.

Our signature event supports Metropolitan Family Services' programs, which empower more than 117,000 families and individuals to learn, earn, heal and thrive.

## HONORING THIS YEAR'S LEGACY AWARDEE

We are pleased to honor Wintrust Financial with the Legacy Award, to be accepted by Tim Crane, President and Chief Executive Officer

VINTRUST IN THE community

## **SPECIAL THANKS TO OUR HOST COMMITTEE**

- Mackenzie Allen Erik Barefield Erica Borggren Erica Canzona Merle Goldblatt Cohen Jennifer Comparoni Tanya Davis Jeff Dorsey Debra Bogo-Ernst Christy Harris Daron Hines
- Roger Hochschild Tony Hunter Ashley Duchossois Joyce Peter Lantero John V.N. McClure Jim McDonald Kate Melman Martha Melman Chip Owen Diana Palomar Stephen Patton
- Virginia L. Pillman Richard Price Dan Rahill Barbara Rapp Bryan Rozum Sophia Ruffolo Kecia Steelman John Storino David Tropp Matthew Walch Matthew Zimmer

# **CELEBRATE WITH US!**





#### SPONSORSHIP INFORMATION

🗌 Impact Leader \$100,000 🛛 🗌 Champion \$50	),000 🗌 Advocate \$25,000		
VIP (After Party or Reception) \$20,000 Connector \$15,000 Friend			
\$10,000			
🗌 Individual Tickets \$750 - Qty			
I/We cannot attend but would like to donate	e \$		
My company will match my gift: Form end	closed 🗌 My company will send form		
Company Name			
DONOR INFORMATION			
Individual Corporation			
Street Address:			
City:	State: Zip Code:		
Contact Name: Phone:	·		
	Email:		
Contact Name: Phone: Donor Listing (How you/your company wish to	Email:		
Contact Name: Phone:	Email:		
Contact Name: Phone: Donor Listing (How you/your company wish to	Email: be listed): Mail: Metropolitan Family Services		
Contact Name: Phone: Donor Listing (How you/your company wish to PAYMENT AND SUBMIT INFORMATION	Email: be listed): Mail: Metropolitan Family Services Attn: Molly Durava		
Contact Name: Phone: Donor Listing (How you/your company wish to <b>PAYMENT AND SUBMIT INFORMATION</b> Please Charge: Amount:	Email: be listed): Mail: Metropolitan Family Services		
Contact Name: Phone: Donor Listing (How you/your company wish to PAYMENT AND SUBMIT INFORMATION Please Charge: Amount: Visa MasterCard Discover	Email: be listed): Mail: Metropolitan Family Services Attn: Molly Durava 101 North Wacker Drive, 17th Floor Chicago, IL 60606 Phone: 312-986-4046		
Contact Name: Phone: Donor Listing (How you/your company wish to <b>PAYMENT AND SUBMIT INFORMATION</b> Please Charge: Amount: Visa MasterCard Discover Amex My check is enclosed	Email: be listed): Mail: Metropolitan Family Services Attn: Molly Durava 101 North Wacker Drive, 17th Floor Chicago, IL 60606		





#### SPONSORSHIP LEVELS

#### **IMPACT LEADER \$100,000**

- Two-page ad (spread) in program book
- Prominent logo placement on event signage
- Full screen logo placement during audiovisual display
- Verbal recognition from podium during dinner program
- Recognition on event web page and in annual report
- Two tables (10 seats each) with priority seating and signage at table

### - CHAMPION \$50,000

- Two-page ad (spread) in program book
- Prominent logo placement on event signage
- Full screen logo placement during audiovisual display
- Verbal recognition from podium during dinner program
- Recognition on event web page and in annual report
- One table (10 seats) with priority seating and signage at table

### **ADVOCATE \$25,000**

- Full-page ad in program book
- · Logo placement on event signage and audiovisual display
- Recognition on event web page and in annual report
- One table (10 seats) with signage at table

### CONNECTOR \$15,000

- Half-page ad in program book
- Logo placement on event signage and audiovisual display
- Recognition on event web page and in annual report
- One table (10 seats) with signage at table

### FRIEND \$10,000

- Listing in program book
- · Recognition on event web page and in annual report
- One table (10 seats) with signage at table

### — AFTER PARTY \$20,000 ·

- Recognition and signage at the After Party
- Listing in program book as After Party sponsor
- Recognition on event web page and in annual report

### — **RECEPTION \$20,000**

- Recognition and signage at reception
- Listing in program book as Reception sponsor
- Recognition on event web page and in annual report





## **RECOGNITION GIFT**

Give a recognition gift for the **42nd annual Mpower the Night** to highlight, like the event itself, the lasting impact an individual or group has made on the greater Chicago area and the families we serve.

The honoree and donor will receive recognition through our **42nd annual Mpower the Night** activities including on the audiovisual display during the event, as well as our website, program book, and in our Annual Report.

## **EXCELLENCE IN LEADERSHIP**

\$50,000	Name of honoree recognized:
<ul> <li>\$25,000</li> <li>\$10,000</li> <li>\$5,000</li> <li>\$2,500</li> </ul>	Name of donor:
IN HONOR —	
\$50,000	Name of honoree recognized:
<ul> <li>\$25,000</li> <li>\$10,000</li> <li>\$5,000</li> <li>\$2,500</li> </ul>	Name of donor:
IN MEMORIAM	
\$50,000	Name of honoree recognized:
<ul> <li>\$25,000</li> <li>\$10,000</li> <li>\$5,000</li> <li>\$2,500</li> </ul>	Name of donor:
	MORE DETAILS AT METROFAMILY.ORG/MPOWER





## GIFT IN KIND - DONATION FORM

🗌 I will deliver to Metropolitan Family	y Services' office
Please contact me to arrange pic	sk-up 🗌 Other
Complete item description (size, ser	vices offered, dates available, restrictions, etc.):
Estimated Value:	Exp. Date*:
	e be at least one year from the date of the event or later.
DONOR INFORMATION	
Individual Corporation	
Street Address:	
City:	State: Zip Code:
Contact Phone: Fa	ıx: Email:
Donor Name (How you wish to be lis	ted):
Donor Signature:	Date:

## SUBMIT BY FRIDAY, OCTOBER 6, 2023

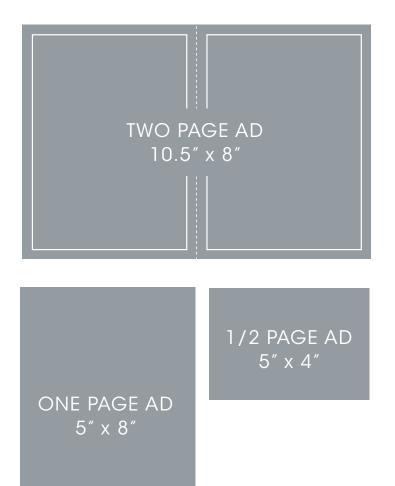
Mail: Metropolitan Family Services Attn: Sarah Rifkind 101 Wacker Drive, Suite 1700 Chicago, IL 60606

#### For more information please contact Sarah Rifkind Fax: 312-986-4289 Phone: 312-986-4172 Email: rifkinds@metrofamily.org





#### **PROGRAM AD SPECIFICATIONS**



#### DIMENSIONS

(width x height in inches)

TWO PAGE AD 10	).5″ x 8″
ONE PAGE AD	5″ x 8″
HALF PAGE	5″ x 4″

Ads must conform to these dimensions. In the event they do not, the ad will be reduced or enlarged to fit the designated space. Two page spread ads should be prepared as 2 one page ads (5" x 8") to adhere to 1/2" middle margin. This will ensure proper visibility when the program is bound.

#### **Preferred File Format**

- PDF or JPEG
- Files must be black and white

#### AD DEADLINE:

Friday, October 6, 2023

Please submit all files to Kin Bariso at barisok@metrofamily.org

