

FOOD ALLERGY INITIATIVE BENEFIT

* ALL CONTRIBUTIONS OF \$3,000 AND UP INCLUDE

Recognition in all event printed materials,
including promotional materials, invitations and program book
Corporate website link and corporate logo included on the
Food Allergy Initiative website: www.faiusa.org

\$100,000 LEADERSHIP CIRCLE

*Admittance for 10 with premiere seating in special VIP section
Special recognition on displays at the Benefit
Verbal recognition at the Benefit
Two 4-color full-page ads in event program book
VIP parking passes

\$50,000 INVESTOR

*Admittance for 10 with premiere seating in special VIP section
Special recognition on displays at the Benefit
Verbal recognition at the Benefit
4-color full page ad in event program book
VIP parking passes

\$25,000 BENEFACTOR

*Admittance for 10 with special reserved seating
Special recognition on displays at the Benefit
Black-and-white full-page ad in event program book
VIP parking passes

\$10,000 SUPPORTER

*Admittance for 8
Black-and-white half-page ad in event program book

\$5,000 PATRON

*Admittance for 6
Black-and-white quarter-page ad in event program book

\$3,000 MEMBER

*Admittance for 6



FOOD ALLERGY INITIATIVE BENEFIT

Saturday, November 13, 2010

River East Art Center, 435 East Illinois, Chicago

Please return this form by fax: **847.201.6553** or by mail to:

**FAI Chicago, c/o Giving Tree Associates,
1940 Elmwood Drive, Highland Park, IL 60035**

Yes, I will support the Food Allergy Initiative. (Benefit descriptions on reverse side.) Please reserve the following:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> LEADERSHIP CIRCLE | \$100,000 |
| <input type="checkbox"/> INVESTOR | \$50,000 |
| <input type="checkbox"/> BENEFACTOR | \$25,000 |
| <input type="checkbox"/> SUPPORTER | \$10,000 |
| <input type="checkbox"/> PATRON | \$5,000 |
| <input type="checkbox"/> MEMBER | \$3,000 |
| <input type="checkbox"/> INDIVIDUAL RESERVATION(S) | \$300 EACH (LIMITED AVAILABILITY) |

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

Signature: _____ **Date:** ____/____/____
(By signing, I commit to pay the amount indicated above.)

Please make checks payable to: Food Allergy Initiative

The Food Allergy Initiative is a 501(c)(3) non-profit organization and contributions are deductible as provided by law.

Please charge my credit card (circle one): AmEx MasterCard Visa

Credit Card Number: _____ Expiration Date: _____ CVN: _____

Name: _____ Title: _____

Company: _____

Address: _____

City/State/Zip: _____ Phone: (____) _____

Billing Address (If different from above): _____

City/State/Zip: _____

Fax: (____) _____ Email: _____

Contact Name: _____ Contact Phone: (____) _____

Contact Fax: (____) _____ Contact Email: _____

How should we list your contribution in printed materials? (example: John Doe or XYZ Company)

I am a sponsor, but I do not plan to use all of my tickets. I would like to donate _____ tickets back to FAI Chicago to be used to raise additional funds for food allergy research.