Together, we plant seeds of hope and cultivate a brighter future.
Join us to celebrate the work and impact of Thrive Counseling Center on your community.

Where: Oak Park Country Club, 2001 Thatcher Avenue, River Grove, IL
When: Saturday, April 13, from 6 pm to 10 pm

<table>
<thead>
<tr>
<th>Sponsor Optional Benefits</th>
<th>Garden $10,000</th>
<th>Tulip $5,000</th>
<th>Bloom $2,000</th>
<th>Budding $1,000</th>
<th>Seed $500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of tickets</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Recognition on event signage and in the electronic program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognition on social media before and after the event</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ad in the electronic program</td>
<td>1 full page slide with logo</td>
<td>½ page slide with logo</td>
<td>¼ page slide with logo</td>
<td>Name listing on slide</td>
<td>Name listing on slide</td>
</tr>
<tr>
<td>Logo with live links on Thrive website for 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIP reserved seating and table signage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognition from the podium during the program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For more information, contact Inga Simitz at isimitz@thrivecc.org or (708) 617-2480 by March 31st.

THANK YOU FOR YOUR SUPPORT!
Yes! We will sponsor the Spring Benefit at the following level:
- Garden Sponsor $10,000 (8 tickets, reserved table)
- Tulip Sponsor $5,000 (6 tickets)
- Bloom Sponsor $2,000 (4 tickets)
- Budding Sponsor $1,000 (2 tickets)
- Seed Sponsor $500

Will you attend the Spring Benefit?
- Yes, we will use all of the tickets included in our sponsorship *
- Yes, we will only need some of the tickets included in our sponsorship level. *
  Number of guests to attend, not including yourself: ________
- We will sponsor, but we will not attend the event.
*Please print guest names, if available:
________________________________________
________________________________________

How would you like us to acknowledge your sponsorship?
- Please keep our sponsorship anonymous.
- Please list our sponsorship as follows: __________________________________________

How would you like to submit your sponsorship payment?
- A check made payable to Thrive Counseling Center for $___________ is enclosed.
- Corporate payment has been authorized, and a check is forthcoming.
- I will pay online at thrivecc.org/spring-benefit.
- Please charge $______________ to a credit card.
  Card Number:_________________________ Exp. Date:__/___ CVV:__________
  Name on card:__________________________________________________________
  Address:_________________________________________ City/State/Zip_________
  Email (required):________________________________________ Phone:_________
  Signature:_________________________________________ Date:______________

Contact Name: __________________________ Company Name: ______________________
Email (required):________________________ Phone:________________________
Address:________________________________ City/State/Zip_________________________

Thank you for your Support!

Please submit by March 31 to Inga Simitz at isimitz@thrivecc.org
or by mail to Thrive Counseling Center 120 South Marion Street, Oak Park, IL 60302