Appleseed

Chicago Appleseed
FUND FOR JUSTICE

**Join Appleseed and Chicago Appleseed Fund for Justice**

**for the**

# PILLARS OF JUSTICE AWARDS

Wednesday, March 20, 2013 | 6:00 pm – 9:00 pm | House of Blues 329 N. Dearborn Street, Chicago, IL 60654

## HONORING:

**RICHARD C. GODFREY**
**Kirkland & Ellis**
**Appleseed**
**Board Member**

**Kenneth L. Schmetterer**
**DLA Piper**

**Lawrence Wojcik**
**DLA Piper**

☐ **Innovators - $15,000 and above** 20 tickets; recognition in program; Appleseed and Chicago Appleseed's website and on event signage with logo; profile featured in e-newsletter; full-page listing in the event program.

☐ **Advocates - $10,000** 15 tickets; recognition in program; Appleseed and Chicago Appleseed's website and on event signage with logo; profile featured in e-newsletter; full-page listing in the event program.

☐ **Connectors - $5,000** 10 tickets; recognition in program; Appleseed and Chicago Appleseed's website and on event signage with logo; half-page listing in the event program.

☐ **Pro Bono Partners - $2,500** 6 tickets; recognition in program; Appleseed and Chicago Appleseed's website and on event signage with logo; half-page listing in the event program.

☐ **Associates - $1,000** 2 tickets; recognition in program; Appleseed and Chicago Appleseed's website and on event signage with logo; quarter-page listing in the event program.

☐ **Friend - $250** 1 ticket; listing in event program.

Make check payable to **Appleseed**
and send along with this form to:

**Appleseed**
**727 15th Street, 11th Floor**
**Washington, DC 20005**

Applessed is a 501 (3) nonprofit organization.
Your contribution is tax deductible to the fullest extent allowed by law.

_____
**Name** *(as you would like it to appear in our publications)*

_____
**Firm or Company Contact**

_____
**E-mail**

_____
**Mailing Address**

_____
**City, State, Zip**

**Telephone**_____ **Fax**_____

**My check in the amount of $**_____ **is enclosed.**

☐ I would like my gift to remain anonymous.
☐ I am interested in learning more about Appleseed.

**Dimensions and Rates for the Program Book**

☐ Full-page - $1,000; 7.5"w x 4.5"h; no bleed

☐ Half-page - $500; 3.625"w x 4.5"h; no bleed

☐ Quarter-page -$250; 3.625"w X 2.125"h; no bleed

Please contact me at _____

☐ My gift is in honor of _____

**Please charge my** ☐ VISA ☐ AMERICAN EXPRESS ☐ MasterCard

**For the amount of $** _____

_____
**Card Number** *(credit card must match address and phone number)*

**Exp. Date** _____ **Security Code**_____

_____
**Name on card**

_____
**Signature Required for Credit Card**

Tickets will not me mailed; names will be held at the door. | Guest lists are due by Friday, March 15, 2013.
For more information and/or to RSVP, please contact Nakia Kelly at (202) 347.7960 or nkelly@appleseednetwork.org