



Will County Governmental League

Holiday Reception

Thursday, December 12, 2019

Patrick C. Haley Mansion
17 S. Center Street
5:00 p.m. - 9:00 p.m.

Attendees:

- Members - \$60.00 per person
- Legislative - \$60.00 per person
- Non-Members - \$75.00 per person

Sponsorships:

- Diamond- \$3,000.00 (includes 1 table-reserved)
- Platinum- \$2,000.00 (includes 4 attendees)
- Gold- \$1,000.00 (includes 3 attendees)
- Silver- \$750.00 (includes 2 attendees)
- Bronze- \$500.00 (includes 1 attendee)

RSVP by Thursday, December 5th

(Spouses and Guests are invited to attend)

Click [HERE](#) to register or go to www.wcgl.org.
Any questions, contact Cherie at (815) 254-7700 x102

RSVP by December 5, 2019
Please return to: Will County Governmental League

Mail: 15905 S. Frederick St.
 Suite 107
 Plainfield, IL 60586

E-mail: events@wcgl.org

 Municipality/Company Phone

 Address / City / Zip Code E-Mail

Attendees:

- Member-** # _____ @ \$60.00 per person (Municipal Members, Supporting Members and Guests) = \$ _____
- Legislative-** # _____ @ \$60.00 per person (Legislators and Staff/Guests) = \$ _____
- Non-Member-**# _____ @ \$75.00 per person (Non-members and Guests) = \$ _____

Event Sponsors:

- Diamond Sponsor @ \$3,000** (includes 1 table-reserved) = \$ _____
- Platinum Sponsor @ \$2,000** (includes 4 reservations) = \$ _____
- Gold Sponsor @ \$1,000** (includes 3 reservations) = \$ _____
- Silver Sponsor @ \$750** (includes 2 reservations) = \$ _____
- Bronze Sponsor @ \$500** (includes 1 reservation) = \$ _____
- Total Amount**..... \$ _____

◆ Please list attendees:

Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____

**Full payment will be charged for no-shows and reservations cancelled after December 1, 2019.*

<input type="checkbox"/> E-mail invoice to : _____	<input type="checkbox"/> Credit Card (attached)	<input type="checkbox"/> Check Enclosed
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Will County Governmental League

15905 S. Frederick Street, Suite 107 • Plainfield, IL 60586

Credit Card Authorization Form

Invoice: # _____ (if available)

Amount: \$ _____

Credit Card Information:

Type: Visa MasterCard Discover AMEX

Card#: _____

Exp Date: _____ / _____

CVV#: _____ (4 digit for AMEX, 3 digit for all others)

Name as it appears on the card: _____

Billing Zip Code: _____

*Cardholders Signature: _____

Date of Authorization: _____

*Cardholders Signature authorizes WCGL to charge only amount indicated on this form.