



**YOU ARE CORDIALLY INVITED TO THE
2015 CHURCHILL LEADERSHIP AWARD PRESENTATION AND DINNER**

TUESDAY, APRIL 21, 2015 | WALDORF-ASTORIA, NEW YORK
RECEPTION: 6:30 PM | DINNER: 7:30 PM | BUSINESS ATTIRE

HONOREE: HON. MADELEINE ALBRIGHT

MASTER OF CEREMONIES: TOM BROKAW | GUEST SPEAKER: RT. HON. DAVID MILIBAND

Co-CHAIRS: LAURENCE GELLER | LEO HINDERY, JR. | JEAN-PAUL MONTUPET | ARTHUR SULZBERGER, JR.

HONORARY CHAIRS: SIR DAVID CANNADINE | RANDOLPH CHURCHILL | HON. EDWINA SANDYS

- ☐ **I/WE WILL ATTEND** The Churchill Centre Dinner. Please reserve:
- ☐ **BLLENHEIM SPONSOR—\$100,000:** Includes three tables of ten, preferred seating, eight invitations to VIP Private Reception with Secy. Albright, full-page acknowledgment or advertisement in program, and a Limited Edition Bust of Winston Churchill by Oscar Nemon.
- ☐ **CHARTWELL SPONSOR—\$50,000:** Includes two tables of ten, preferred seating, six invitations to VIP Private Reception with Secy. Albright, full-page acknowledgement or advertisement in program, and a Limited Edition Bust of Winston Churchill by Oscar Nemon.
- ☐ **WHITEHALL SPONSOR—\$25,000:** Includes one table of ten, preferred seating, four invitations to VIP Private Reception with Secy. Albright, one-half page acknowledgement or advertisement in program, and a Limited Edition Bust of Winston Churchill by Oscar Nemon.
- ☐ **PREMIUM TABLE—\$10,000:** Includes one table of ten, acknowledgement in program, preferred seating, and two invitations to VIP Private Reception with Secy. Albright.
- ☐ **INDIVIDUAL TABLE—\$5,000:** Includes one table of ten and preferred seating.
- ☐ **PREMIUM INDIVIDUAL TICKET(S)—\$1,000:** Includes preferred seating.
- ☐ **INDIVIDUAL TICKET(S)—\$500**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

- ☐ **I/WE ARE UNABLE TO ATTEND**, but would like to make a 100% tax-deductible contribution of \$_____ to support the educational programs of The Churchill Centre.
Enclosed is my check payable to The Churchill Centre: \$_____.

Please charge my: ☐ Visa ☐ MasterCard ☐ American Express.

Name on card: _____

Card No.: _____

Exp. Date: _____ CVV No.: _____ Authorized Payment Amount: _____

Signature: _____

For information, please call 312-263-5637 or email info@winstonchurchill.org

Please remit to: The Churchill Centre | 131 S. Dearborn St., Suite 1700 | Chicago, IL 60603