Lightways
Hospice and Serious Illness Care

Dear Friend of Hospice,

We are planning our signature event, Wonderlight, for September 24, 2026 at the Morton Arboretum.
We are thrilled to return to this venue for our fourth consecutive year, anticipating this event to be our best yet.

This year's theme, **"Caring Through the Senses,"** celebrates the extraordinary impact of our **Integrative Therapies Program**, which provides massage therapy, music therapy, and aromatherapy to hospice patients and their families. These evidence-based therapies help ease pain and anxiety, promote relaxation, foster meaningful connections, and bring moments of comfort, peace, and joy during life's most challenging journey. Because these services are not fully covered by insurance, philanthropic support is essential to ensuring they remain available to every patient who can benefit from them.

As a **Wonderlight Event Sponsor**, you will help make these compassionate therapies possible while demonstrating your organization's commitment to enhancing the quality of life for patients and families throughout northern Illinois. Your partnership directly supports one of the region's largest nonprofit hospice providers and allows us to continue delivering personalized, holistic care that honors the physical, emotional, and spiritual needs of those we serve.

Join us for an inspiring evening featuring a gourmet plated dinner, exclusive raffles, paddle raise, and memorable experiences—all while making a lasting difference in the lives of the patients and families who rely on Lightways each day.

- Consider an event sponsorship - 7 different levels to choose!
- Provide a gift basket or other item(s) we can include in our exclusive raffles.
- Donate tickets for local entertainment or sporting events.
- Consider making a cash donation ,and we will purchase items for the raffle while recognizing you as an in-kind sponsor. As we put together our raffles, funds like these can really help us make appealing packages.

Please fill out and return the enclosed form. The items may be mailed or dropped off at Lightways at 250 Water Stone Circle, Joliet, IL 60431 or we can make arrangements to pick them up. Monetary donations may be mailed to:

Lightways Hospice and Serious Illness Care
Attn: Wonderlight 2026
250 Water Stone Circle, Joliet, IL 60431
***All gifts should be received no later than August 28, 2026 to receive recognition at the event.**

I hope we can count on your support. If you have additional questions, please contact me at 331.457.0147 or email at kpeterson@lightways.org.

Gratefully,

Kathy Peterson

Kathy Peterson
Chief Marketing and Development Officer

Lightways

Hospice and Serious Illness Care

IN-KIND DONATION COMMITMENT FORM

CONTACT INFORMATION

Company Name: _____

Address: _____

City: State: Zip: _____

Contact Name: _____

Phone Number _____

Email: _____

Donated Item(s) _____

Value of item(s) _____

- ☐ **We will mail/drop off by August 28, 2026**
- ☐ **Please pick up item(s) by August 28, 2026**
- ☐ **We prefer to make a cash donation of $_____ towards the raffle/auction.**

Mail check to Lightways Hospice, 250 Water Stone Circle, Joliet, IL 60431 Attn: Wonderlight

Signature _____ Date _____

Please contact Nikki Gardner with any questions at 779.279.3709 or email at ngardner@lightways.org.

Wonderlight
Caring Through the Senses

Thursday, September 24, 2026
5:30pm
Firefly Pavilion, Morton Arboretum, Lisle

Event Sponsorship Levels

Event Host Sponsor — $5,000.00
Includes reserved table of 10 at the event, social media post recognition, logo recognition on signage at the event, logo and name recognition in event program presentation and other printed promotional materials, full-page back cover color ad in program booklet.

Dinner Sponsor — $4,000.00
Includes 8 tickets to the event, social media post recognition, logo recognition on signage at the event, logo and name recognition in event program presentation and other printed promotional materials, full-page color ad in program booklet.

Venue Sponsor — $3,000.00
Includes 6 tickets to the event, social media post recognition, logo recognition on signage at the event, logo and name recognition in event program presentation and other printed promotional materials, half-page color ad in program booklet.

Cocktail Hour Sponsor — $2,000.00
Includes 4 tickets to the event, social media post recognition, logo recognition on signage at the event and on display at the bars, logo and name recognition in event program presentation and other printed promotional materials, half-page color ad in program booklet.

Table Captain Sponsor — $1,500.00
Includes reserved table of 10 at the event, social media post recognition, logo recognition on signage at the event, logo and name recognition in event program presentation and other printed promotional materials.
Only 5 available.

Pedicab Sponsor — $750.00
Includes 2 tickets to the event, social media post recognition, logo recognition on signage at the event, logo and name recognition in event program presentation, other printed promotional materials, and logo recognition on the Pedicab.

Benefactor Sponsor — $500.00
Includes logo recognition on signage at the event, logo and name recognition in event program presentation and other printed promotional materials.

If you are interested in sponsoring Wonderlight 2026, please complete the below information and return by August 28, 2026 to Nicole Gardner at ngardner@lightways.org, call 815.740.4104 or visit www.lightways.org/Wonderlight/ to pay online.

Name of Organization: _____

Contact Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

Level of Sponsorship: _____

Make checks payable to Lightways Hospice/Wonderlight. Mail to 250 Water Stone Circle, Joliet, Illinois 60431. Attn: Wonderlight

Thank you to our 2026 Annual Sponsors

Presenting Sponsors

Integrated
Breathe. To the fullest.

Northwestern Medicine

Signature Sponsors

HORTON

J.D. Brown & Company
THE PRESCRIPTION STORE

SILVER CROSS HOSPITAL

Visionary Sponsors

Edward Jones

Impact Sponsors

AdvaCare SYSTEMS

ADVANCED REVCYCLE

BLUE LINE SECURITY SOLUTIONS

D'Arcy

EXCEL mechanical contractors inc.

HOMETOWN National Bank

MORRIS HOSPITAL & HEALTHCARE CENTERS

Office Furniture SOLUTIONS

TITAN

Lightways
Hospice and Serious Illness Care

250 Water Stone Circle
Joliet, IL 60431
815.740.4104 ✦ lightways.org

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

JOLIET AREA COMMUNITY HOSPICE CORP

2 Business name/disregarded entity name, if different from above.

LIGHTWAYS HOSPICE AND SERIOUS ILLNESS CARE

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) 501(C)3

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

250 WATER STONE CIRCLE

6 City, state, and ZIP code

JOLIET, IL 60431

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

3	6	–	3	1	9	1	2	8	1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** Steven Crockett 1G1GE5920480421... **Date** 1/8/2026 | 2:29 PM CST

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Verify that all of your Illinois Sales Tax Exemption Certificate information is correct

- ✓ **If not,** contact us immediately.
- ✓ ***Do not discard*** **-** your Illinois Sales Tax Exemption Certificate is an important tax document that authorizes you to purchase tangible personal property for use or consumption tax-free.

02/02

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

OFFICIAL DOCUMENT

Illinois Sales Tax Exemption Certificate

JOLIET AREA COMMUNITY HOSPICE

LIGHTWAYS HOSPICE AND SERIOUS ILLNESS CARE
250 WATER STONE CIR
JOLIET IL 60431-8313

Sales Tax Exemption Certificate

Issue date:
10/21/2025

Expiration date:
11/01/2030

Sales Tax Exemption **E99864371**

Organization type: **Charitable**

This entity is authorized under the Retailers' Occupation Tax Act to purchase tangible personal property for use or consumption tax-free.

ILLINOIS REVENUE

Director

OFFICIAL DOCUMENT - DO NOT DESTROY

STAX-70 (R-05/16)