



THE 38TH ANNUAL CELEBRATION

SPONSORSHIP INFORMATION

- Corporate Impact \$100,000 Champion \$50,000
 Advocate \$25,000 Connector \$10,000 Friend \$7,000
 Individual Tickets \$500 - Qty _____
 I/We cannot attend but would like to donate \$ _____
 My company will match my gift: Form enclosed My company will send form
Company Name _____

DONOR INFORMATION

- Individual Corporation _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____ Phone: _____ Email: _____
Donor Listing (How you/your company wish to be listed): _____

PAYMENT AND SUBMIT INFORMATION

Please Charge My:

- Visa MasterCard Discover
 Amex My check is enclosed

Card Number: _____

Exp. Date: _____

Signature: _____

Mail: Metropolitan Family Services

Attn: Robin Knox

1 North Dearborn, Suite 1000

Chicago, IL 60602

Fax: 312-986-4289 **Phone:** 312-986-4046

Email: knoxr@metrofamily.org

Online:

metrofamily.org/events/Mpower-the-Night



metropolitan family services™

TICKETS + EVENT DETAILS AT
METROFAMILY.ORG/EVENTS/MPower-THE-NIGHT