



THE 38TH ANNUAL CELEBRATION

SPONSORSHIP INFORMATION

- Corporate Impact \$100,000 Champion \$50,000
 Advocate \$25,000 Connector \$15,000 Friend \$10,000
 Individual Tickets \$750 - 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



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