SPONSORSHIP FORM

GENERAL INFORMATION

☐ INDIVIDUAL    ☐ CORPORATE
NAME ____________________________

STREET ADDRESS ____________________________

CITY ____________________________ STATE ______

ZIP CODE ______ CONTACT PHONE ________________

FAX ________________ EMAIL ______________________

SPONSOR LISTING (PLEASE SPECIFY HOW YOU/YOUR COMPANY WOULD LIKE TO BE LISTED) ______________________

PAYMENT INFORMATION

☐ MY CHECK IS ENCLOSED
(Please make payable to Metropolitan Family Services)

☐ VISA  ☐ MASTERCARD  ☐ AMEX  ☐ DISCOVER

☐ I/WE PLEDGE TO BECOME A METROPOLIS SPONSOR.
(Please send an invoice)

CREDIT CARD NUMBER ______________________

EXPIRATION DATE _____ / _____ / _____

DONOR SIGNATURE ______________________

PLEASE MAIL COMPLETED FORM TO:
Metropolitan Family Services
Attn: Vivian Di Nardo, External Affairs
One North Dearborn, Suite 1000, Chicago, IL 60602

EMAIL COMPLETED FORM TO: dinardov@metrofamily.org

FAX COMPLETED FORM TO: Vivian Di Nardo at 312-986-4289

FOR QUESTIONS OR MORE INFORMATION PLEASE CONTACT:
Vivian Di Nardo at 312-986-4225 or dinardov@metrofamily.org

VISIT US ONLINE AT: www.metrofamily.org/events/wine-mixer

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