SPONSORSHIP FORM

GENERAL INFORMATION

O INDIVIDUAL		
STREET ADDRESS		
CITY		STATE
ZIP CODE	CONTACT PHON	E
FAX	EMAIL	
	(PLEASE SPECIFY HOW LISTED)	/ YOU/YOUR COMPANY



OMY 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





THURSDAY, JUNE 11, 2020

O DIAMOND SPONSOR - \$5,000 12 tickets, ad and recognition on personalized signage, recognition on website and annual report

GOLD SPONSOR - \$2,500 6 tickets, recognition in signage, recognition on website and annual report

SILVER SPONSOR - \$1,500 4 tickets, recognition in signage, recognition on website and annual report

OTICKET BUNDLE - \$350 8 discounted admission tickets to event

OINDIVIDUAL TICKET - \$50

I/WE ARE UNABLE TO ATTEND but wish to contribute \$______ to benefit Metropolitan Family Services