

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 _____



THURSDAY, JUNE 16, 2022

PREMIER SPONSOR - \$5,000

12 tickets, recognition on signage at event, recognition on website and annual report

SUPPORTING SPONSOR - \$2,500

6 tickets, recognition on signage at event, recognition on website and annual report

FRIEND SPONSOR - \$1,000

4 tickets, recognition on signage at event, recognition on website and annual report

TICKET BUNDLE - \$180

8 discounted admission tickets

INDIVIDUAL TICKET - \$25

I/WE ARE UNABLE TO ATTEND

but wish to contribute \$_____ to benefit Metropolitan Family Services

PLEASE MAIL COMPLETED FORM TO:

Metropolitan Family Services
Attn: Sarah Rifkind, External Affairs
101 N Wacker Dr, 17th floor, Chicago IL 60606

EMAIL COMPLETED FORM TO: rifkinds@metrofamily.org

FAX COMPLETED FORM TO: Sarah Rifkind at 312-986-4172

FOR QUESTIONS OR MORE INFORMATION PLEASE CONTACT:
Sarah Rifkind at 312-986-4172 or rifkinds@metrofamily.org

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

