



Partnership & Sponsorship Registration Form

Partnerships:

- \$7,500 - Mission Partner
- \$2,500 - Connecting Partner
- \$500 - Awareness Partner
- Reoccurring Payments
- \$5,000 - Community Partner
- \$1,000 - Supporting Partner

Family Event Sponsorships:

- \$2,000 Trivia Night Round Sponsor
- Reoccurring Payments
- \$1,000 Family Game Night Advocate Sponsor
- \$1,000 Trivia Night Advocate Sponsor
- \$1,000 Trunk or Treat Advocate Sponsor
- \$1,000 Breakfast with Santa Advocate Sponsor
- \$500 Family Game Night Friendship Sponsor
- \$500 Trivia Game Night Friendship Sponsor
- \$500 Trunk or Treat Friendship Sponsor
- \$500 Breakfast with Santa Friendship Sponsor

Young Adult Connection Sponsorships:

- \$5,000 - Mission Sponsor
- \$2,500 - Advocate Sponsor
- \$600 - Friendship Sponsor
- Reoccurring Payments

My Summer Journey Sponsorships:

- \$5,000 - Mission Sponsor
- \$2,500 - Advocate Sponsor
- \$600 - Friendship Sponsor
- Reoccurring Payments

Partner / Sponsor Information

Business/Organization Name

Contact Name

Email

Phone number

Payment Type

Send Invoice

Please check

Check Enclosed

Address

Please make check payable to *Autism Community Connection*. Then send this form and check to:

Autism Community Connection
2455 Fairview Place, Box 2
Greenwood, IN 46142

*If you have any questions contact Kelli Higgins, Executive Director
k.higgins@autismcc-in.org or call 317-676-4222 x101*