



# Trivia Night Sponsorship Form September 13, 2025

## Sponsorship Benefits

Please check desired benefits:

**Friendship**  
\$600

**Advocate**  
\$1,000

**Round Sponsor**  
\$2,000

Recurring Payments

## Payment Type

Please check

Send Invoice

Check Enclosed

## Sponsor Information

Business/Organization Name

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Contact Name

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Email

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Phone number

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Address

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Please make the 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](mailto:k.higgins@autismcc-in.org) or call 317-676-4222 x101