



# Partnership & Sponsorship Registration Form

**Partnerships:**  \$1,500 - Community Partner  \$500 - Supporting Partner  Recurring Payments

**Program Sponsorships:**  \$5,000 - Program Mission Sponsor  \$1,500 - Program Advocate Sponsor  
 \$500 - Program Friendship Sponsor  Recurring Payments

**Family Event Sponsorships:**

<input type="checkbox"/> \$2,000 Trivia Night Round Sponsor	<input type="checkbox"/> Recurring Payments
<input type="checkbox"/> \$1,000 Family Game Night Advocate Sponsor	<input type="checkbox"/> \$1,000 Trunk or Treat Advocate Sponsor
<input type="checkbox"/> \$1,000 Trivia Night Advocate Sponsor	<input type="checkbox"/> \$1,000 Breakfast with Santa Advocate Sponsor
<input type="checkbox"/> \$500 Family Game Night Friendship Sponsor	<input type="checkbox"/> \$500 Trunk or Treat Friendship Sponsor
<input type="checkbox"/> \$600 Trivia Game Night Friendship Sponsor	<input type="checkbox"/> \$500 Breakfast with Santa Friendship Sponsor

## Partner / 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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**Payment Type**  
*Please check*

Send Invoice

Address

Check Enclosed

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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

  
*Make an online payment*



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