



## Trivia Night Sponsorship Form September 13, 2025

### Sponsorship Benefits

Please check desired benefits:

☐

Recurring Payments

☐

Friendship  
\$600

☐

Advocate  
\$1,000

☐

Round Sponsor  
\$2,000

### Payment Type

Please check

☐

Send Invoice

☐

Check Enclosed

### Sponsor Information

Business/Organization Name

---

Contact Name

---

Email

---

Phone number

---

Address

---

---

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 or call 317-676-4222 x101*