



Step Up for Autism Walk

2010 Sponsorship Agreement

Donor/Company Name: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Fax Number: _____
E-mail Address: _____

Sponsorship Levels

- YES, I would like to sponsor the Step Up for Autism walk at the following level: *(please check level)*
- | | |
|--|---|
| <input type="checkbox"/> Exclusive Presenting Sponsor: \$7,500 | <input type="checkbox"/> First Aid Station: \$1,000 |
| <input type="checkbox"/> Platinum Sponsor: \$5,000 | <input type="checkbox"/> Entertainment: \$1,000 |
| <input type="checkbox"/> Silver Sponsor: \$2,500 | <input type="checkbox"/> Community Partner: \$500 |
| <input type="checkbox"/> Registration Tent: \$1,000 | <input type="checkbox"/> Autism Fact Sponsor: \$250 |
| <input type="checkbox"/> Volunteer Tent: \$1,000 | <input type="checkbox"/> In-Kind Goods: _____ |
| <input type="checkbox"/> Kids Area: \$1,000 | <input type="checkbox"/> Cash Sponsor: \$ _____ |

TOTAL SPONSORSHIP: \$ _____

SIGNATURE: _____

Please make checks payable to Little Friends, Inc.
Please return this form with payment to:

LITTLE FRIENDS, INC.
Attn: Step Up for Autism
140 N. Wright Street
Naperville, IL 60540

**Donors will be recognized and acknowledged accordingly.
Please submit an electronic version of your company logo
to Carolyn Hamilton via e-mail at chamilton@lilfriends.com.**

