



Step Up for Autism Walk

2009 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)*

Exclusive Presenting Sponsor: \$7,500

Kids Area: \$1,000

Platinum Sponsor: \$5,000

First Aid Station: \$1,000

Silver Sponsor: \$2,500

Community Partner: \$500

Registration Tent: \$1,000

Autism Fact Sponsor: \$250

Volunteer Tent: \$1,000

TOTAL SPONSORSHIP: \$ _____

SIGNATURE: _____

Makes 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.**

