

SPONSORSHIP LEVELS

- \$10,000: Presenting Sponsor
- \$5,000: Gold Sponsor
- \$2,500: Silver Sponsor
- \$1,500: Bronze Sponsor
- \$500: Brunch Table Sponsor \$750: Dinner Table Sponsor

PLEASE SELECT:

- I would like to fill my table of 10 at the banquet:
 - Brunch at 11am Dinner at 6pm
- I am unable to attend the banquet, so fill my table with other guests

Name _____

Business or Church Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

For printed materials, please specify exactly how you would like your name and/or business listed:

PAYMENT OPTIONS

- Check enclosed (made payable to The Pregnancy Care Center of Rockford)
- Credit Card

Name on Card _____

Card Number _____ Exp ____/____ CVC _____

Send invoice to: _____

Please return completed form by **Thursday, February 15th, 2024** to:

amanda@thepregnancycarecenter.org or

The Pregnancy Care Center of Rockford

4108 Morsay Drive, Rockford, IL 61107

Questions? Call or email Amanda (815-680-5107)