



Autism **GRACE** of Lenawee

**Our 1st Annual Autism Walk of GRACE
is coming up,
and we want you to be a part of it.**

August 28th 2021 10am-2pm @ The Centre

This packet is your first step in helping us hold a great event for our families, community, and to help us continue blessing our community through:

Groups, Resources, Advocacy, and Community Empowerment



Autism GRACE of Lenawee

www.graceoflenawee.org

(517) 270-9415

Local Non-Profit Est. 2019

Sponsorship Levels:

	RUBY LEVEL \$75	EMERALD LEVEL \$150	GOLD LEVEL \$300	DIAMOND LEVEL \$550
TEAM WALK REGISTRATION	X	X	X	X
SIGN ALONG PATH	X	X	X	X
LISTED ON BACK OF EVENT SHIRT	X	X	X	X
SMALL LOGO ON BACK OF EVENT SHIRT		X		
LARGE LOGO ON BACK OF EVENT SHIRT			X	X
LOGO ON FRONT OF EVENT SHIRT				X
ANNOUNCED AS A RUBY LEVEL SPONSOR BY MC DURING EVENT	X			
ANNOUNCED AS A EMERALD LEVEL SPONSOR BY MC DURING EVENT		X		
ANNOUNCED AS A GOLD LEVEL SPONSOR BY MC DURING EVENT			X	
ANNOUNCED AS A DIAMOND LEVEL SPONSOR BY MC DURING EVENT				X
LISTED AS SPONSOR ON EVENT BANNER	X	X	X	X
SMALL LOGO ON EVENT BANNER			X	
LARGE LOGO ON EVENT BANNER				X
LOGO DISPLAYED ON BOUNCE HOUSE				X
TABLE SPACE AT EVENT		X		
TENT/BOOTH/TABLE SPACE AT EVENT			X	X
HIGHLIGHTED IN EVENT SOCIAL MEDIA POST		X	X	X
HIGHLIGHTED IN PRE-EVENT EMAIL BLAST				X
HIGHLIGHTED IN POST-EVENT THANK YOU EMAIL	X	X	X	X
FRAMED CERTIFICATE OF THANKS		X	X	X



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Sponsorship Form

*IMPORTANT: Please complete and return before July 15, 2021 to ensure full sponsorship benefits. ***

Organization Name: _____

Sponsorship Level (please circle)

RUBY

EMERALD

GOLD

DIAMOND

Primary Contact Person Name: _____

Other Contact Person Name(s): _____

Primary Phone Number: _____

Secondary Phone Number: _____

Primary Email Address: _____

Secondary Email Address: _____

Mailing Address: _____

Thank you for helping us support our individuals, families, and community!

WE ARE GRATEFUL FOR YOUR GENEROUS SUPPORT!

***Please email your organization's logo to autismgraceoflenawee@gmail.com before JULY 15, 2021.



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