

# BRAIN INJURY ASSOCIATION OF ILLINOIS

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[www.biail.org](http://www.biail.org)

## 16<sup>th</sup> Annual Fashion Show and Arts/Crafts Boutique Shopping

Saturday, March 25, 2017

### Sponsorship

\_\_\_\_\_ **Gold** Sponsorship - \$2,000

\_\_\_\_\_ **Bronze** Sponsorship - \$500

\_\_\_\_\_ **Silver** Sponsorship - \$1,000

\_\_\_\_\_ **Friend** Sponsorship - \$300

**Sponsorship \$** \_\_\_\_\_

### Basket Raffle Contribution

\_\_\_\_\_ Basket Raffle Contribution - \$100 \$ \_\_\_\_\_

\_\_\_\_\_ Basket Contribution (\$100 Value) – I would like to contribute a basket

### Tickets

\_\_\_\_\_ Fashion Show ticket(s) - \$50 per person \$ \_\_\_\_\_

\_\_\_\_\_ Child's Plate for children 10 and younger - \$20 \$ \_\_\_\_\_

\_\_\_\_\_ Table(s) of 10 - \$500 per table \$ \_\_\_\_\_

**Total \$** \_\_\_\_\_

I would like to contribute \$ \_\_\_\_\_ to the Brain Injury Association of Illinois.

[\_\_\_\_\_] Enclosed is my check in the amount of \$ \_\_\_\_\_

[\_\_\_\_\_] Please bill \$ \_\_\_\_\_ to my credit card ( \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover )

### **CREDIT CARD INFORMATION (purchases can also be made online at [www.biail.org](http://www.biail.org)):**

Name (as listed on card) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

E-Mail Address (for electronic receipt) \_\_\_\_\_

Signature authorizing credit card payment \_\_\_\_\_

### **REGISTRATION INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

\_\_\_\_\_ Please add my name to your mailing list for future events.

Please seat me at a table with: \_\_\_\_\_