



Dear Friend,

For nearly four decades, **Teen Parent Connection** has remained the only 501(c)(3) nonprofit organization in DuPage County exclusively focused on teen pregnancy, parenthood, and teen pregnancy prevention. Our comprehensive programs service the lives of hundreds of young families each year, and we only plan to grow.

We provide education on the realities and responsibilities of teenage pregnancy through long-term assistance to adolescent parents for their development of self-esteem, parenting skills, and empowerment towards self-sufficiency. Generous support from community businesses and individuals makes these crucial services possible.

Currently, we are planning our annual **Festival of Friends** fundraiser for Sunday, October 27, 2024, at the Medinah Country Club. This event is a gathering of more than 200 of our generous supporters celebrating the positive impact on our youth and community. Our fundraising goal for this event is \$50,000 that will go towards empowering young families to help them reach their fullest potential.

Teen Parent Connection respectfully requests your consideration of a partnership to invest in our vital work with at-risk families as an event sponsor. In return for your generosity, we would promote your company throughout our event programming. Please find enclosed our **Festival of Friends** sponsorship packages highlighting benefit opportunities including-

- Complimentary event tickets
- Recognition in digital and print materials
- Recognition during the program

With generous supporters by our side, we are sure to achieve our fundraising goal and continue serving the health and wellness of our youth in DuPage County.

If your company is interested in being an event sponsor, please fill out the sponsorship form attached. If you have any questions about the sponsorship opportunities please contact Evelyn Rocha, Development & Communications Associate at (630) 812-0418 or at evelynr@teenparentconnection.org.

Thank you for your consideration.

Sincerely,

Becky Beilfuss
Teen Parent Connection, Executive Director



SPONSORSHIP PACKAGES

Festival of Friends | October 27, 2024

Your sponsorship is a leadership gift providing the highest quality programs for early parenthood and prevention. Together, we can support the health and wellness of the youth in our community.

PRESENTING SPONSOR | \$5,000

- **VIP seating, 1 table up to 10 guests**
- Top recognition as the *Presenting Sponsor* in all print materials including logo
- Top recognition as the *Presenting Sponsor* in all digital promotions including logo and website
- Top recognition as the *Presenting Sponsor* from the podium during the program
- Speaking part from the podium during the program (optional)
- Your organization's marketing materials and placed at each table
- Table signage in recognition of your sponsorship at each table

COMMUNITY SPONSOR | \$1,500

- Four complimentary event tickets
- Recognition in all print materials
- Recognition in all digital promotions
- Recognition from the podium during the program

FRIEND SPONSOR | \$500

- Two complimentary event tickets
- Recognition in print materials
- Recognition in digital promotions

If one of these packages is not a good fit with your giving program, we will work with you to create a customized package that gives you the sponsorship benefits that best suits your needs. For more information, contact Evelyn Rocha, Development & Communications Associate at (630) 812-0418 or at evelynr@teenparentconnection.org. Thank you for your consideration and support.



SPONSORSHIP FORM

SPONSORSHIP PACKAGE

Presenting Sponsor Community Sponsor Friend Sponsor Customized Package

CONTACT INFORMATION

Name as it should appear in all marketing materials: _____

Company Name (if applicable): _____

Address, City, State, Zip: _____

Contact Name for Sponsorship: _____

Phone: _____ Email Address: _____

METHOD OF PAYMENT

Send me an invoice at the address provided above

A check payable to Teen Parent Connection is enclosed

Charge my credit card: Visa Mastercard American Express

Card number: _____ Exp. Date: _____ Security Code: _____

Name of cardholder as it appears on the card: _____

Signature of card holder: _____

RETURN THIS FORM TO EVELYN ROCHA

MAIL: ATTN: Evelyn Rocha, Teen Parent Connection, 475 Taft Ave., Glen Ellyn, IL 60137

EMAIL: evelynr@teenparentconnection.org