



We are pleased to share that our annual Festival of Friends will take place at 11:30 AM on Sunday, November 8, at the historic Medinah Country Club. With proceeds supporting the young families served by Teen Parent Connection, this beloved event gathers more than 200 community leaders and donors to celebrate the incredible resilience of young parents when given compassionate care.

For over 40 years, we have remained the only nonprofit in DuPage County exclusively focused on adolescent pregnancy, parenthood, and prevention—all with the ultimate goal of preventing child abuse and neglect. We serve hundreds of young families annually, but hundreds more need our services. We are dedicated to growing our reach to support every young family in need.

We respectfully invite you to partner with us as an event sponsor. Your investment underwrites operational costs, ensuring every dollar raised goes directly toward empowering at-risk families. In return for your generosity, we offer comprehensive packages to promote your business, featuring benefits such as:

- Complimentary event tickets to join us at Medinah Country Club
- Prominent recognition across our digital platforms and printed materials
- Verbal and visual acknowledgment during the event program

Our goal is to raise \$50,000—the equivalent of providing over 3,333 days of holistic care. With your support, we are confident we will achieve this milestone and continue championing young families in DuPage County. **Let the community know you support our youth.** To become a sponsor, please return the attached form. For questions, contact Karen Doyle at 630-822-8251 or karend@teenparentconnection.org.

Thank you in advance for your kindness and for partnering with us to uplift two generations.

Sincerely,

Becky Beilfuss

Teen Parent Connection, Executive Director



SPONSORSHIP PACKAGES

Festival of Friends | November 8, 2026

Your sponsorship reflects leadership, and a commitment to empowering young parents, strengthening families, and creating healthier futures for 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
- Top recognition as the *Presenting Sponsor* in digital promotions, 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 placed at each table
- Table signage in recognition of your sponsorship at each table

CHAMPION SPONSOR | \$2,500

- Six complimentary event tickets
- Enhanced logo recognition on event materials
- Recognition in all digital promotions and on our website
- Dedicated sponsor acknowledgement on social media
- Recognition from the podium during the program
- Inclusion of promotional item or brochure at guest tables

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 none of these packages are a good fit, we will work with you to create a customized package that best suit your needs. For more information, contact Karen Doyle at karend@teenparentconnection.org. **Thank you for your consideration and support.**



SPONSORSHIP FORM

SPONSORSHIP PACKAGE (please check one)

☐ Presenting ☐ Champion ☐ Community ☐ Friend ☐ Customized

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 (please check one)

☐ 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 Cardholder: _____ Date: _____

RETURN THIS FORM TO

MAIL: ATTN: Karen Doyle, Teen Parent Connection, 475 Taft Ave., Glen Ellyn, IL 60137

EMAIL: karend@teenparentconnection.org