# Indianapolis Chapter’s TRIVIA NIGHT

**Thursday, April 13, 2017**

Northside Knights of Columbus • Indianapolis, IN

to benefit

The Buoniconti Fund to Cure Paralysis

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**REGISTRATION FORM & SPONSORSHIP OPPORTUNITIES**

[www.thebuonicontifund.com/indianapolis](http://www.thebuonicontifund.com/indianapolis)

<table>
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<tr>
<th>Sponsorship Level</th>
<th>Amount</th>
<th>Benefits</th>
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| EVENT “TITLE” SPONSOR - $5,000 | $5,000 | Three Teams (6 players each)  
Lead in all promotional materials, including invitation, sponsor board, event web page, event announcements, media opportunities, including social media  
Prime seating location for the teams during the event |
| HOSPITALITY SPONSOR - $2,500 | $2,500 | Two Teams (6 players each)  
Inclusion in the promotional materials, including invitation, sponsor board, event announcements, media opportunities, including social media |
| CASH PRIZE SPONSOR - $1,000 | $1,000 | One Team (6 players each)  
Inclusion in the promotional materials, including invitation, sponsor board, event announcements, media opportunities, including social media |
| GAME SPONSOR - $500 | $500 | Inclusion in the promotional materials, including invitation, sponsor board, event announcements, media opportunities, including social media |
| TABLE SPONSOR (Team of 6) - $200 | $200 | Mention during event announcements |
| INDIVIDUAL TICKET - $40 | $40 | |

*Sponsor benefits are subject to review and print deadlines.

**GIFT IN KIND SPONSOR** - Donation of item(s) for prizes, games or event. Sponsor benefits are based on the value of the donation and may include details listed above. Retail value $________ and description of item with any restrictions: ____________

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**CREDIT CARD PAYMENTS:**

- American Express  
- MasterCard  
- Visa  
- Discover

Amount to charge: $__________  
Exp Date: _____/______  
Security Code: ________

Card Number: __________________________________________

Billing Address-Credit Card: __________________________________________

Name on Card/Signature: __________________________________________

**MAKE CHECKS PAYABLE TO:** The Buoniconti Fund to Cure Paralysis

- FAX FORM TO: 305-243-6017

- I am unable to attend, but would like to make a tax-deductible donation of $__________

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For more information, please call Douglas Woodwell at 317-966-2423 or Kristin Wherry at 305-243-3863, email kwherry@miami.edu

Your donation, less $25 per ticket, is tax deductible. The Buoniconti Fund to Cure Paralysis is the fundraising arm of The Miami Project to Cure Paralysis, and a non-profit 501(c)3 organization. Federal identification #65-0244316.