



**AFTERDARK**  
At the Biltwell Event Center



Ronald McDonald  
House Charities®  
Central Indiana

## 2017 PARTNERSHIP ORDER FORM

Company/Family Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Email \_\_\_\_\_

SOLD Presenting Sponsor \$5,000

\_\_\_\_ Reception Partner \$3,000

SOLD Cocktail Partner \$2,500

SOLD DJ Partner \$1,500

\_\_\_\_ Tastings Partner\* \$1,000

\_\_\_\_ Lounge Partner\* \$750

\_\_\_\_ Party Partner\* \$250

(\*Multiple Available)

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

Payment Method:     Send Invoice     Payment Enclosed     Bill to my Credit Card

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**Questions? Call or email Savannah Ball at 317-267-0605, ext. 209, or at [sball@rmhccin.org](mailto:sball@rmhccin.org).**