

Enchanted Garden Adult Prom Fundraiser – <https://givebutter.com/EnchantedGardenProm>



Purpose: To further ConnectiKids' mission and educate, enrich, and empower Hartford's youth through Tutoring, Mentoring, Enrichment, and Summer programs, all at no charge to our students.

Fundraiser Goal: \$15,000

Proceeds from this fundraiser benefit children through ConnectiKids' Tutoring, Mentoring, Enrichment, and Summer programs.

The mission of ConnectiKids is “*Connecting students facing systemic inequities and other barriers with people, places, and experiences that level the playing field and inspire academic achievement, positive life choices, and big dreams.*”

Benefits of becoming a sponsor:

- ✿ Community partnership
- ✿ Positively impacting youth and families
- ✿ Supporting children's academic and socio-emotional growth

Sponsorship Levels

- | | |
|--|--|
| <input type="checkbox"/> Harvester: \$5,000 +
<input type="checkbox"/> Nourisher: \$2,500 +
<input type="checkbox"/> Fertilizer: \$1,500 +
<input type="checkbox"/> Waterer: \$1,000 +
<input type="checkbox"/> Planter: \$500 + | <input type="checkbox"/> I would like to donate an amount not specified on this form.
<input type="checkbox"/> I would like to donate to ConnectiKids however I <i>would not</i> like to be listed as a sponsor for this event.
<input type="checkbox"/> I would like to make a non-monetary donation (raffle item, in-kind)
*Description of donated item: _____
<div style="text-align: right;">Retail value: _____</div> |
|--|--|

Please list your name as you would like it to appear in promotional materials and include your logo image with your donation. If you would like to email a copy of your logo, please send your high-resolution image to kaleithanb@ct-kids.org and include “Enchanted Garden – Sponsor Logo” in your subject line. **An acknowledgment for tax records will be mailed.**

Company Name:		Contact Name:	
Business Number:		Mobile Number:	
Address:		Email:	
City:	State:	Zip Code:	
Payment Methods: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Check payable to ConnectiKids, Inc. Attention: Kaleitha Brown, 814 Asylum Avenue, Hartford, CT 06105			
Card #	Expiration Date	CVV	
Name on Card:		Signature:	

Please return form with donation to: ConnectiKids, Inc., Attn: Kaleitha Brown, Development Director, 814 Asylum Avenue, Hartford, CT 06105. Please contact Kaleitha Brown with any special instructions or for EFT information.

Thank you for your contribution and support!