

# TRUNK OR TREAT

Oct 26th,  
2023



## St. Louis Center



Oct 26th  
2023

stlouiscenter.org  
16195 W. Old US Hwy. 12  
Chelsea MI 48118  
734.475.8430

### Questions:

Contact Tom Arbanas  
734.475.8430 or  
thomasa@stlouiscenter.org

### Sponsorships:

Contact Michelle Mikołajczyk  
734.475.8430 or  
mmikołajczyk@stlouiscenter.org

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## Sponsorships

The Center's mission is to make sure that residents are always provided with a secure and loving home, and your help can take this mission even further.

**St. Louis Center is looking for Trunk or Treat sponsors to help cover costs for events for the residents.**


























**Can you help?**

Please consider sponsoring our Trunk or Treat where people in our residential programs and kids and families from the community can enjoy a fun event on our beautiful, safe campus!



# Please consider supporting St. Louis Center at the following levels.

\*The deadline to be included on printed items is **October 9, 2023**.

Sponsorship Levels and Benefits	Great Pumpkin \$2,500	Hungry Zombie \$1,500	Ghost \$1,000	Mummy \$500	Haunted House \$300	Bat \$250	Candy Corn \$100
Company name displayed at event							
Reserved table in dining area for 8							
Name and logo on all event signs and table displays							
Name on treat bags given out by St. Louis Center.							
Web page recognition							
Social Media Shoutout							
Banner at Dinner with Sponsor information							
Provides decorations for one room in haunted house. Name will be displayed.							
Provides candy for one trunk							

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*Time, Talent, or Treasure*

If you would like to provide a “trunk”, dress up as a character in the haunted house, or volunteer for any other position at the event, please fill out the information below under “I want to Volunteer.” Donations of candy or other treats are always helpful for this event. If you wish to donate please drop off donations at the Center by **October 24, 2023.**



## CHANGE A LIFE FOR THE BETTER:

Sponsor this Fun-Filled Event in Support of People with I/DD

Name/Organization as it should appear in print: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsorship Level: \_\_\_\_\_

Check Enclosed Made Payable to St. Louis Center

Please Charge my Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CV: \_\_\_\_\_

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

I want to Volunteer please contact me.

Contact Name: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

Fill out and mail this form to St. Louis Center or scan the QR code above to complete the form online.