Banquet Table Sponsorship Form

A Banquet Table Sponsorship is $500.00
Your Table Sponsorship covers 8 delicious dinners prepared by the Trillium.
Your mission, if you choose to accept,
is to invite guests who will partner & support MPS!
DEADLINE for Table(s) Sponsorship is September 4, 2026

NEW...GOING DIGITAL FOR TABLE SPONSORSHIPS & GUEST REGISTRATION!

- **Now you can register as a Table Sponsor online! So easy! Use the QR code or link provided!**
- **Then, send the QR code or link for your guests to register themselves!**
  - **Both you and your guests will receive an email confirmation with details of the event, an " add to calendar" reminder, & location map! You will get a reminder days before the event as well.**
  - **At the event, we will have "digital check-in", so you will not have to stop to get your nametags and table assignments!**

REGISTER & PAY online using this QR Code.

https://v4app.fundeasy.com/events/attendance/618/event

OR, you can still fill in this form for a Table Sponsorship and return to us by September 4th. The List of Guest Names is due by September 7th. After that time we will fill in names from our waiting list.

TABLE(S) SPONORSHIP

Name/Business:
*How listed on Table & Program:

Contact Person: Phone Number:

Address:

City: State: Zip:

E-Mail Address:

◯ Yes, I will sponsor ___ table(s) for $500 per table. TOTAL = $_____. ◯ Yes, I plan to attend!
◯ I do not plan to attend but wish to donate to this annual fundraising event!

PAYMENT INFORMATION

◯ I have enclosed a check payable to Muskegon Pregnancy Services
◯ Please charge on my Credit Card for the total number of tables above. ◯ I authorize covering the processing fee.

Card Holders Name:

Card Numbers: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ EXP Date: _ _ / _ _ Security: _ _ _

By signing below, I confirm that I have purchased Table Sponsorship(s) and agree to have my credit card charged the amount above.

Signature: Date:

***We ask that you send your guests the link to register themselves or fill in the back of this form and return to us by September 7th.**

Email this completed form to MPSoutreach@bestoptions.org or mail to 1775 Wells Ave Muskegon, MI 49442.

Table Guest Form

DEADLINE to submit the guest list for your table is September 7th
Use the QR code or link to register guests or send to
MPSoutreach@bestoptions.org or mail to address at the bottom.

- The $500 Table sponsorship covers the cost of 8 dinners prepared by the Trillium. If the sponsor plans to attend, include yourself on the list of 8.
- Invite guests that would be potential donors and partners of Muskegon Pregnancy Services.
- **Forward the QR code** (or the link HERE) to **your guests to RSVP and register online!** This will make it easier for you and your guests to register! Once registered, they will receive an email confirmation.
  - Let your guests know they can participate in complimentary photography from 5:00-6:00pm.
  - Attire theme: (Optional) Old English, Detective, Sherlock Holmes.
- If using this form, please fill in each guest's contact information separately and clearly. (This is vital to maintain our records and ensure each person attending is registered, has name tags and table assignments).
- If you would like to sponsor a table(s) but cannot fill it with your own guests, please notify us as soon as possible, so that we can fill it on your behalf.

https://v4app.fundeasy.com/events/attendance/618/event

Name: ______________________________ Address: ______________________________ City: ___________State: _____Zip: ______ Phone: ______________________________ Email: ______________________________	Name: ______________________________ Address: ______________________________ City: ___________State: _____Zip: ______ Phone: ______________________________ Email: ______________________________
Name: ______________________________ Address: ______________________________ City: ___________State: _____Zip: ______ Phone: ______________________________ Email: ______________________________	Name: ______________________________ Address: ______________________________ City: ___________State: _____Zip: ______ Phone: ______________________________ Email: ______________________________
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1175 Wells Ave., Muskegon MI, 49442 231-726-2677 MuskegonPregnancyServices.org/events