

# 2026 FAMILY FUN NIGHT



# Sponsorship Levels



- Logo on Event Poster
  - **Logo** on Looping Slides during the Event
  - **Ten** Activity Wristbands for the Event
  - Your student(s) receive recognition at the next assembly!
  - **Two** student tickets to an Afternoon Treat
  - **Recognition** during the Live Auction
  - **One** student ticket to an exclusive field trip
- Logo on Event Poster
  - **Logo** on Looping Slides during the Event
  - **Eight** Activity Wristbands for the Event
  - Your student(s) receive recognition at the next assembly!
  - **One** student ticket to an Afternoon Treat
- Logo on Event Poster
  - **Name** on Looping Slides during the Event
  - **Six** Activity Wristbands for the Event
  - Your student(s) receive recognition at the next assembly!



**Donations accepted include cash, check, or card. Also accepted are donations of physical items or services of equal value. To redeem, please fill out form online via QR code or on the back of this flyer and return to the Early Education or Elementary office.**





# DONATION FORM

Donor agrees to donate the following amount, items, and/or services to Step By Step Christian School PTO:

## Item/Service Donation

*Please provide a complete description of each item. Include information such as size, color, services offered, restrictions, valid dates (if applicable), expiration date, etc.*

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fair Market Value of Item/Service: \_\_\_\_\_

## Financial Donation

- \$1000
- \$500
- \$200
- Other: \_\_\_\_\_

## Donor Details

How donor name should be listed: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Payment Details

**Payment method:**       Check (To SBS PTO)       Cash       Credit/Debit Card

Credit card number: \_\_\_\_\_ Exp: \_\_\_\_\_ CCV: \_\_\_\_\_

Name on card: \_\_\_\_\_

**I authorized the credit card to be charged the listed amount for my donation.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to SBSCS PreK or elementary office or email to [lschaffer@stepbystepcs.org](mailto:lschaffer@stepbystepcs.org). You may also keep a copy or ask for a receipt for tax purposes. Our non-profit Tax-ID is 33-3145888.**

