



# Frontline Care Center

## Lanes for Lives Bowling Fundraiser

### September 20, 2025



BUSINESS/PRIMARY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE AND E-MAIL: \_\_\_\_\_

## Sponsorship Opportunities

I would be pleased to sponsor Frontline Care Center's Bowling Fundraiser to benefit first responders, veterans, service members, reservists, and their family members who are in need at the following level:

- ☐ **Good Times Roll Sponsorship - \$1,500**  
Includes event day signage at entrance and verbal recognition during all speaking opportunities.
- ☐ **Entertainment Sponsorship - \$1,250**  
Includes event day signage near band stage and verbal recognition during dinner and reception.
- ☐ **Buffet Sponsor - \$1,000**  
Includes event day signage in the dining room and verbal recognition during dinner.
- ☐ **Raffle Sponsor - \$750**  
Includes logo in raffle area along with verbal recognition during winners' announcements.
- ☐ **King Pin Award Sponsor - \$500**  
Includes event day signage on prize table and verbal recognition during contest announcements.
- ☐ **If The Shoe Fits Sponsorship- \$300**  
Includes event day signage near shoe rental area.
- ☐ **Lane For Life Sponsorship \*Limit 24\* - \$200**  
Includes signage on bowling lane during the 3-hour event.

*If you are an individual sponsor and do not have a logo, Frontline Care Center will create an image to be used with a lane sponsorship level. All Sponsorship levels will include recognition on Frontline's website and social media. **Sponsorships DO NOT include a lane for bowling. Please note this is a 21 and older event.***

- ☐ With this sponsorship I grant permission to use my name and/or the name of my company in solicitations for this event.

You may pay by check made out to Nicasa, pay online at <https://frontlinecarecenter.org/event-activity/lanes-for-lives/>, or charge your sponsorship with the form below.

Cardholder's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Amount of Charge: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSV: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Please send completed form to:

**Nicasa Behavioral Health Services**  
**ATTN: Vicky Tello - Director of Philanthropy**  
**31979 N. Fish Lake Road**  
**Round Lake, IL 60073**

For additional information, please contact the Director of Philanthropy, Vicky Tello, LSW, at (847)716-1064 or [vtello@nicasa.org](mailto:vtello@nicasa.org)