

Insurance Industry Charitable Foundation
Mountain States Chapter



Kick-start the summer season with IICF Bingo Night! Join the IICF Mountain States Chapter for an afternoon of fun, networking and philanthropy. Proceeds neighbors in need through to support the IICF Community Grant Program.

May 20, 2026
3:00 pm - 5:30 pm

Second Summit Cider
4010 S. Main St.
Millcreek, UT 84107

Register Online at: <https://give.iicf.org/ge/iicfmsbingo26>



**Insurance Industry
Charitable Foundation**

Helping communities and
enriching lives, together.

IICF Mountain States Bingo Night Sponsorship Opportunities

___ \$5,000 Presenting Sponsor *(1 available)*

Premier logo recognition
Recognition in all advance event marketing
Recognition on social media
Logo recognition in pre and post event communications
Logo recognition on guest name badges
Logo recognition on the IICF website
Guest List (names & companies)
25 Admissions

___ \$3,000 Gold Sponsor

Premier logo recognition
Recognition in all advance event marketing
Recognition on social media
Logo recognition in pre and post event communications
15 Admissions

___ \$1,500 Silver Sponsor

Logo recognition at event
Logo recognition in pre and post event communications
10 Admissions

___ \$750 Bronze Sponsor

Logo recognition at event
Name recognition in pre and post event communications
5 Admissions

Specialized Sponsorship Opportunities

___ \$1,000 Food Sponsor *(1 available)*

Recognition from event Emcee
Recognition on the IICF website
Logo recognition at point of sponsorship
5 Admissions

___ \$1,000 Bar Sponsor *(1 available)*

Recognition from event Emcee
Recognition on the IICF website
Logo recognition at point of sponsorship
5 Admissions

Admission

___ \$400 Pack of 5 Admissions

___ \$100 Admissions

Save time by processing online at
<https://give.iicf.org/ge/iicfmsbingo26>

Questions or request a sponsorship invoice, contact
Melissa-Anne Duncan at (714) 870-1084 or maduncan@iicf.org.

Please find enclosed check [___] or charge my credit card [___] in the amount of \$_____.

Contact name: _____

Contact phone: _____ Contact Email: _____

Credit Card Billing Address: _____

Account #: _____ CVV: _____ Expiration Date: _____

Cardholder Printed Name: _____ Cardholder Signature: _____

Donor recognition should appear as: _____

MAIL COMPLETED FORM TO: IICF, Attn: Mountain States Trivia, 2121 Avenue of the Stars, Ste. 800, Los Angeles, CA 90067

IICF is a certified 501(c)3 nonprofit organization. Our tax ID is 20-124097.