

# Sponsorship Commitment Form

Sponsor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

## Choose Your Sponsorship

Gold: \$500+

DJ Sponsor: \$500

Silver: \$250+

Burnout Sponsor: \$350

Bronze: \$100

Trophy Sponsor: \$200

Water Table Sponsor: \$500

Please send your logo with the completed form to [starspringfestival@yahoo.com](mailto:starspringfestival@yahoo.com)

We ask that your logo is in PDF or EPS format.

A 6 ft table will be provided to Gold Sponsors. There is NO access to electricity.

Please make ALL checks payable to St. Jude Children's Hospital.

Mail checks to: 136 Moto X Drive, Florence, MS 39073

Donation Amount: \_\_\_\_\_

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

Date: \_\_\_\_\_