

ARCTOBERFEST SPONSORSHIP FORM

The Arc Community Advocates Annual Fundraiser

DONOR/BUSINESS NAME: _____

CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PLEASE DELIVER/MAIL THIS SIGNED CONTRACT AND PAYMENT TO:

The Arc Community Advocates
3901 Emerald Drive, Suite B
Kalamazoo, MI 49001.

SPONSOR LEVEL:

_____ TITLE SPONSOR - \$5,000

_____ SUSTAINING SPONSOR - \$500

_____ CORPORATE SPONSOR - \$3,000

_____ LOYAL SPONSOR - \$250

_____ PATRON SPONSOR - \$1,000

PAYMENT METHOD: CASH CHECK CREDIT CARD

CARD #: _____ CVV: _____ EXP: _____

NAME ON CARD: _____ PHONE: _____

BILLING ADDRESS: _____

SIGNATURE: _____ DATE: _____

Make checks payable to The Arc Community Advocates. Artwork (business logo) should be sent to Iconant@communityadvocates.org in a .jpg or .eps file format, and must be received no later than September 1, 2019 to guarantee inclusion in any marketing material.

Please contact LaTaynia Conant at (269) 342-9801, or Iconant@communityadvocates.org with any questions.

Thank you very much for your donation.