

LD Bell HS Orchestra Booster Club Sponsor Information

Please complete the following information. Your Sponsorship will be processed as quickly as possible, and will remain valid for one full calendar year, starting from the date in which you become a sponsor. Your support is greatly appreciated.

Date: _____

Name of Sponsor: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Sponsorship Level:	Personal (\$50-\$99)	Gold (\$250-\$499)
	Silver (\$100-\$249)	Platinum (\$500)

Payment Amount: _____ Date: _____

Paid by: Cash Check (payable to LD Bell Orchestra Booster Club) Check# _____

Ad Copy provided: Yes No:

If No, how will ad copy be provided? _____

Student Name: _____

(Tear here and provide bottom to sponsor)

LD Bell Orchestra Booster Club Sponsor

Name of Sponsor: _____

Student Name: _____

Thank you for your sponsorship of _____ dollars. Date: _____

If you have any questions concerning your sponsorship, please contact Sponsorship Chair, Mariana Royer, at mvroyer@sbcglobal.net.