

Employee Appreciation

Sponsorship Form



Sponsor Name: _____

As you wish to be recognized on sponsorship materials

Sponsorship Date: _____ Sponsorship Amount: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information

I have enclosed a check. *(Please make payable to ProMedica.)*

Please invoice me.

Please charge my credit card: Visa / MC / American Express / Discover

Card Number

Exp. Date

Security Code

I agree to sponsor the selected concert with the terms designated above.

Authorized Signature

Date

This is not a charitable contribution.