

Promenade Partners

Sponsorship Form



Sponsor Name: _____

As you wish to be recognized on sponsorship materials

Sponsorship Date: _____

Sponsorship Level _____

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

Sponsor understands and acknowledges that Events are held outdoors and are considered "Rain or Shine." Accordingly, Sponsor shall receive no refund of sponsorship fees if an Event is impacted in any manner whatsoever by inclement weather. However, we will acknowledge your support at a future date through ParkVision messaging and stage announcements.

This is not a charitable contribution.