

# 2021 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 on screen messaging and stage announcements.*

*This is not a charitable contribution.*

ProMedica • 444 N. Summit St. • Suite 100 • Toledo, OH 43604

Questions? Please contact Christina Crites at (419) 291-5452 or email [christina.crites@promedica.org](mailto:christina.crites@promedica.org)