

SPONSORSHIP

Name of Sponsored Program: _____

Your Organization: _____
(Please print clearly. List as it should read on program materials).

Responsible Contact: _____

Job Title: _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (_ _) ____ - _____ Cell _____ Fax _____

Email _____ website: _____

A logo of our organization will be (please circle): emailed (pdf file) / delivered on disc

_____ **Yes, I give permission to release the use of my organization's logo for The Louisa Arts Center's marketing and website use.**

_____ **No, I do not give permission for the use of the logo, and I choose to have my Sponsorship of this program to remain anonymous.**

_____ **I understand that the Sponsorship will be used to support the Louisa Arts Center's program costs, enabling the Center to bring this special program to the community.**

(Responsible Contact)

(Date)

Method of Payment

Sponsorship Amount \$ _____

Make check payable to: Louisa Arts Center

Please enter on the check note space: Sponsorship

My check # in the amount of \$ _____ and dated ___/___/___ is enclosed.

Office Use: Rec'd by: _____ Date Processed: _____
