

sponsorform



HONORING TRADITION. DRIVING INNOVATION.

Date: _____ Sponsorship Amount: _____

Name as you wish to be listed: _____

Contact person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

This sponsorship includes:

- *(list details of sponsorship here)*

Authorized signature: _____

The above signature assumes full responsibility for payment of the above sponsorship.

Please contact the AAAC at 828.258.0710 with questions.
Send business logo as a jpeg file to stefanie@ashevillearts.com.

Please return by mail to PO Box 507 Asheville, NC 28802 or drop at our office at 207 Coxe Avenue, Asheville, NC 28801. Please make checks payable to the Asheville Area Arts Council.

For internal purposes only

AAAC Signature _____

Payment type: _____ Date received: _____

Thank you/receipt sent [] Added to MNB [] Contact ID: _____ Sponsor ID: _____