## SPONSORSHIP FORM



DATE:

	SP	ONSOR INFORMATION	l .
FIRST NAME:		LAST NAME:	
PHONE:		EMAIL:	
ADDRESS:			
CITY:		ZIP CODE:	
TELL US MORE:	I would like my sponsorship to my chosen charity to be anonymous.		
	O Please send m	e future updates, news, and inforr	nation about your organization.
	SPC	ONSORSHIP SELECTIO	N
SPONSORSHIP LEVEL:	<b>\$5,000</b>	<b>\$2,500</b>	<b>\$1,000</b>
	<b>\$500</b>	<b>\$250</b>	
	PA	YMENT INFORMATION	ı
YOUR PAYMENT:	○ Check	○ Visa	Mastercard
	O Cash	Other:	
CARD NUMBER:			
EXPIRATION DATE:		CVV CODE:	
NAME ON CARD:			
SIGNATURE:			

Howard County Maryland Chapter The Society, Incorporated 6801 Oak Hall Lane, Box 6103 Columbia, MD 21044 For more information, please contact:

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2024 Youth Arts Showcase, Chair
(443)718-0891

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