



STRATEGIC MARKETING COALITION

SPONSORSHIP FORM

NAME _____

BUSINESS _____

ADDRESS _____

CITY, TOWN, or VILLAGE _____

PHONE _____ EMAIL _____

SPONSORSHIP AMOUNT _____

I would like to pledge:

\$250.00 \$500.00 \$1000.00 other \$ _____

PAYMENT _____

My check is enclosed

Please bill my credit card



_____ exp. _____



_____ exp. _____

I prefer to make my pledge today but pay later ~ by _____

Month - Day - 2006

Sponsor Signature

Date

***Checks may be made payable to the Door County Strategic Marketing Fund.
Please mail this form with payment to P.O. Box 452, Sister Bay, WI 54234***