

SISTERS ACADEMY OF BALTIMORE

JAZZIN' IT UP AT THE PARK

SATURDAY APRIL 22, 2017

SPONSOR COMMITMENT FORM

SPONSOR NAME: _____

Contact Name: _____

Administrative /Contact Name: _____
(if different than above)

Administrative /Contact Email Address: _____

Administrative /Contact Phone: _____ Fax: _____

Sponsor Address: _____

City

State

Zipcode

RECOGNITION NAME: _____

(if different from Sponsor Name above)

YES! I/WE WILL PARTICIPATE AS A SPONSOR FOR JAZZIN' IT UP AT THE PARK IN SUPPORT OF SISTERS ACADEMY OF BALTIMORE.

(Please check sponsor level)

_____ **\$15,000 SWING ORCHESTRA**

_____ **\$10,000 RAGTIME BAND**

_____ **\$5,000 COOL JAZZ ENSEMBLE**

_____ **\$2,500 GYPSY JAZZ CABARET**

_____ **\$1,000 BEBOP QUARTET**

WE ARE UNABLE TO SPONSOR THE EVENT, BUT WOULD LIKE TO SUPPORT SISTERS ACADEMY OF BALTIMORE WITH A CONTRIBUTION OF \$_____.

AUTHORIZED SIGNATURE: _____

PAYMENT OPTIONS

_____ Enclosed is a check made payable to Sisters Academy of Baltimore.

_____ Invoice my organization (All payments due March 30, 2017).

_____ Will provide one payment scheduled for _____
(month year)

_____ Will provide monthly payments beginning _____
(month /year)

_____ Bill my credit card (circle one) VISA MC Discover

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ CVC _____

Signature: _____