

SPONSOR PLEDGE

NAME OF SPONSOR: _____
 ADDRESS: _____
 CITY _____ STATE _____ ZIP _____
 CONTACT PERSON: _____ PHONE: _____
 EMAIL: _____

By signing below, I/we are committing to the following donation/pledge to OCJF. I/we are making our commitment for:

<input type="checkbox"/>	3 years
<input type="checkbox"/>	2 years
<input type="checkbox"/>	1 year

YEARLY SPONSOR PLEDGE AMOUNT: \$ _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid Now Monthly Quarterly Yearly

I (we) plan to make this contribution in the form of: Cash Check Credit Card

IN-KIND SPONSORSHIP:

- In-Kind Sponsor valued at \$ _____
- In-Kind Media Sponsor valued at \$ _____
- I would like to personalize my sponsorship level, please contact me to discuss the cost

I (we) ONLY WANT TO PURCHASE A PROGRAM AD:

- \$250 Premium Full Page Color Ad
- \$175 Premium Half Page Color Ad
- \$100 Premium Quarter Page Color Ad
- \$350 Double Page Color Ad
- \$200 Full Page Color Ad
- \$125 Half Page Color Ad
- \$80 Quarter Page Color Ad
- \$40 Business Card Ad Color Ad

OCBCC dba OCJF Tax ID# 30-0804251

If you have any questions, they may be directed to Sponsorship Chair
 919-632-9489. Please forward your pledge to:

Ocean City Jazz Festival
P O Box 1207
Sneads Ferry, NC 28460