

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

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:

- \$1000 Double Page Color Ad
- \$650 Full Page Color Ad
- \$250 Half Page Color Ad
- \$150 Quarter Page Color Ad
- \$80 Business Card Ad Color Ad

Send ad & order form to info@oceancityjazzfest.com. An invoice will be forwarded to you for payment.

*The Ocean City Jazz Festival is a 501(c)(3) non-profit organization.
 OCBCC dba OCJF Tax ID# 30-0804251*

If you have any questions, they may be directed to Sponsorship Chair
 910-459-9263 Please forward your pledge to:
info@oceancityjazzfest.com or info@oceancitync.com or
**by mail to: Ocean City Jazz Festival, P O Box 1207
 Sneads Ferry, NC 28460**