



**Annual Corporate Sponsorship**

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Name as you would like it to appear in publications, sponsor signage, etc.:

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**I would like to support Macon Arts at the following level:**

- \_\_\_\_\_ Patron (\$600)
- \_\_\_\_\_ Bronze Sponsor (\$1,200)
- \_\_\_\_\_ Silver Sponsor (\$2,400)
- \_\_\_\_\_ Gold Sponsor (\$4,800)

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**Payment:**

\_\_\_\_\_ Enclosed is my one-time payment of: \$ \_\_\_\_\_  
in the form of a: \_\_\_\_\_ Credit Card \_\_\_\_\_ Check

\_\_\_\_\_ I would like to make 4 quarterly payments for a total annual donation of: \$ \_\_\_\_\_,  
in the form of a: \_\_\_\_\_ Credit Card \_\_\_\_\_ Check (Please bill me.)

\_\_\_\_\_ I would like to make 12 monthly payments for a total annual donation of: \$ \_\_\_\_\_.  
in the form of a: \_\_\_\_\_ Credit Card \_\_\_\_\_ Check (Please bill me.)

***This information will be used for billing purposes only, and will be securely disposed of.***

Name as it appears on the credit card: \_\_\_\_\_

Credit Card number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Security Number (3-digit code listed on the back of your card): \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

***Please mail this form along with payment to: Macon Arts, P.O. Box 972, Macon, GA, 31202.***