



## NIGHT MARKET SPONSORSHIP FORM

Full Name \_\_\_\_\_

Business Name\* \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I would like to be a Night Market Sponsor at the following level:

- ☐ \_\_\_\_\_ Stage Sponsor (\$2,500)
- ☐ \_\_\_\_\_ Town Square Sponsor (\$1,000)
- ☐ \_\_\_\_\_ Night Market Sponsor (\$500)
- ☐ \_\_\_\_\_ Friends Sponsor (\$200)

I will provide this sponsorship in the following manner:

- ☐ Enclosed check in the amount indicated above made payable to Hiawassee DDA
- ☐ I authorize you to charge my VISA /Mastercard/AMEX in the amount indicated above

Card Number \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

**\* Email a high-resolution copy of your logo to [dda@hiawasseeega.gov](mailto:dda@hiawasseeega.gov)**