



Fall Festival of Arts

I want to be a _____ of ***the Fall Festival***
(Level of Sponsorship)

Name/Company _____

Address _____

City _____ State _____ Zip _____

Name to be listed in program _____

Contact person _____

Email address _____ Phone # _____

Check for _____ enclosed

Credit Card # _____ Exp. Date: _____ CVV _____

(3 digit # on back of card)

Name on Credit Card _____

Alliance Tax ID#: 75-3189734