



**2017 Sponsorship Contribution Form
DEADLINE March 10, 2017**

Contact Name: _____

Club/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ART IN BLOOM Sponsor Level: _____

_____ Please list my name as follows in publications: _____

_____ I wish to remain anonymous.

Please sign below to confirm your sponsorship:

Total Gift Amount:

_____ My check is enclosed. (Please make checks payable to WCMFA)

_____ Please send me an invoice.

_____ Please charge my credit card. (Please complete credit card information)

Credit Card Information

_____ Visa

_____ Mastercard

Name: _____

(as it appears on card)

Card Number: _____

Expiration Date: _____

Signature: _____

Thank you for your generous support!

If you have any questions, please contact Wallace Lee at development@wcmfa.org or 301-739-5727 x115.

WCMFA, PO Box 423, Hagerstown, MD 21741 Fax: 301-745-3741 www.wcmfa.org

Washington County Museum of Fine Arts (FEIN 52-0607950) is a nonprofit organization registered and incorporated in Maryland. Your gift is tax-deductible to the extent provided by law.