



**2018 Sponsorship Contribution Form
DEADLINE March 9, 2018**

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

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.