



**2019 Sponsorship Contribution Form
DEADLINE March 8, 2019**

Contact Name: _____
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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.
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