

SPONSORSHIP PLEDGE FORM

Company Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Contact Person: _____

Email Address: _____

Amount Pledged: _____
Your company will be recognized at the appropriate sponsorship level

_____ Payment enclosed (Please make checks payable to The Mushroom Festival)

_____ Please bill me June 1st.

Please apply my sponsorship funds to one of the following: (circle one)

Growers Demonstration

Main Stage

Mushroom Judging

Parade

Antique Auto Show

Saturday Night Dance Party

Cooking Demonstration

Children's Stage/Entertainment

Art Show

Soup & WineFest

Mushroom Tour Buses

Soccer Tournament

Festival Committee Decision

All advertising will be in place by June 1st.

**WE MUST RECEIVE THIS FORM BY MAY 15, 2006 TO ASSURE YOUR
COMPANY WILL BE RECOGNIZED IN OUR BROCHURE.**

Donations are welcome throughout the year.

Please make all check payable to "The Mushroom Festival"
P.O. Box 1000
Kennett Square, PA 19348

The Mushroom Festival, Inc. is a 501(c)(3) nonprofit organization. A copy of the official registration may be obtained from the Pennsylvania Department of State by calling (800) 732-0999. Registration does not imply endorsement.