



## Palm Harbor Community Activity Center Business Sponsorship Application

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Sponsorship Level: \_\_\_\_\_ Start Date: \_\_\_\_\_

Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Benefits:

### **Gold Level \$ 1,000**

- \_\_\_ Health Fair Gold Sponsor \_\_\_ Your Logo on event ads
- \_\_\_ Newsletter ad 1/8 page x 12 Months \_\_\_\_\_
- \_\_\_ Full page insert you supply \_\_\_\_\_
- \_\_\_ One year Center membership
- \_\_\_ Special Event Sponsor (monthly meal) \_\_\_\_\_
- \_\_\_ Business Presentation date \_\_\_\_\_
- \_\_\_ Article in the newsletter \_\_\_\_\_

### **Silver Level \$ 500**

- \_\_\_ Health Fair Booth \_\_\_
- \_\_\_ News letter ad 1/8 page x 6 Months \_\_\_\_\_
- \_\_\_ Full page insert you supply \_\_\_\_\_
- \_\_\_ One year Center membership
- \_\_\_ Business Presentation date \_\_\_\_\_
- \_\_\_ Article in Newsletter month \_\_\_\_\_

\_\_\_\_\_  
Signature Business Representative

\_\_\_\_\_  
Signature Community Center Representative