



Sponsor Invoice

Company Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 Contact Person: _____ Phone: _____
 Email: _____

Company Authorized Signature: _____

Sponsorships run for one (1) full calendar year

I/We would like to sponsor the Pride of Collierville Dragon Band 501(c)3 Organization ID# 62-1577256 as follows:

<input type="checkbox"/>	\$2,000 PLATINUM SPONSOR
<input type="checkbox"/>	\$1,000 GOLD SPONSOR
<input type="checkbox"/>	\$500 SILVER SPONSOR
<input type="checkbox"/>	\$250 BRONZE SPONSOR
<input type="checkbox"/>	\$100 SPONSOR
<input type="checkbox"/>	Other Donation amount \$ _____

The Pride of Collierville Dragon Band is Honored to have you as a Sponsor.

Check # _____
 Payable to CHS Band Boosters
 PO BOX
 Collierville, TN 38027

Cash
 Date: _____

Amount Received: _____

 Band Representative Printed Name

 Band Representative Signature