



Sponsorship Agreement

*REQUIRED INFORMATION OR ATTACH BUSINESS CARD

*Name of Sponsor Organization/Individual (Please print) _____ *Date _____

*Name as you wish it to appear in the acknowledgements _____

*Address _____ *City _____ *Zip _____

*Phone _____ * Fax _____ *E-mail _____

*Sponsor's Contact Name & Title _____ Web site _____

Festival Contact Name _____ Festival Contact Phone. _____

It is our pleasure to be a sponsor of the Crestwood Autumn Harvest Festival 2024 to be held on **Saturday October 12, 2024 at St. Raymond-St. Elizabeth Catholic Church.**

I/We would like to support the Festival with a sponsorship gift of



\$ _____

Donations will be recognized on the donor list

- The Festival has our permission to use our name and logo as described in our sponsorship package.
- Please keep our donation anonymous and DO NOT use our name or logo in printed materials.
- Please display my sponsorship – “In Memory of _____”.

Sponsor's signature X _____

KINDLY SUBMIT DONATIONS BY SEPTEMBER 12, 2024

Please mail/email your Logo, Agreement & Payment to:

AUTUMN HARVEST FESTIVAL
1420 S. Sappington Rd
Crestwood, MO 63126

Cell: 314-626-3194
Email: ahfestivalstl@gmail.com

PAYMENT INFORMATION

Check # _____ enclosed for \$ _____ make payable to:

St. Raymond/St. Elizabeth Maronite Church

Visa Mastercard American Express

Card # _____ - _____ - _____ - _____ Exp. Date _____ CVV# _____

Print name as it appears on card: _____

Authorized Signature X _____

Online Giving <https://osvhub.com/stelizabethhungary/funds>

THE AUTUMN HARVEST FESTIVAL 2024
Sponsorship Chair
Timothy P. Kallial @ 314-626-3194
Thank you for your support!
www.stelizabethhungary.org

St. Raymond -St. Elizabeth Catholic Church is a non-profit 501(c) 3 organization. Tax ID #: 85-3386985. Donation gift is tax deductible as allowed by law.

OFFICE USE ONLY

Date Received: _____
Recorded By: _____
Date Paid: _____