

L.D. Bell High School Orchestra Sponsor Information Form

Please complete the following information. Your sponsorship will be processed as quickly as possible, and will remain valid for one calendar year from the date you become a sponsor. Your support is greatly appreciated.

Sponsor Name:				
Contact Name:				
Address:				
City:	State:		_Zip:	
Phone:				
Platinum (\$500)		Silve	er (\$100-\$	\$249)
Gold (\$250-\$499)		Personal (\$50-\$99)		
Payment Amount:				
Paid by: Cash Check # _		[] F	Paypal	
Please make checks payable to L.D. Bell Orchestra Booster Club				
Student:				

If you have any questions concerning sponsorship, please contact Rachael Metcalf, VP of Sponsorships, at Idbellorchestraboosterclub@gmail.com