



**Sat & Sun
December 7 - 8, 2019
10:00 am - 5:00 pm**

*Presented by the
Laurence W. Levine Foundation, Inc.*

1. Contact Information:

Corporate Individual Foundation Date: _____

Individual/Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

I WOULD like my name/company name to appear in event publications as it is listed above.

I WOULD NOT like my name/company name to appear in event publications.

2. Sponsorship Agreement Level:

SOLD OUT

____ **\$20,000 NAMING SPONSOR**

____ **\$10,000 GOLD SPONSOR**

____ **\$5,000 SILVER SPONSOR**

____ **\$2,500 COMMERCIAL BOOTH**

____ **\$1,000 BRONZE SPONSOR**

____ **\$500 FRIEND OF THE ARTS**

3. Payment Information: Total amount to be charged: \$ _____

Payment Method: Check (payable to Armory Art Center) Visa MasterCard American Express Discover

Credit Card Number:

Expiration Date: CVV:

Name on Card: _____

Billing Address (if different from above): _____

All questions or concerns regarding sponsorships should be directed to
Natalie Parker at (561) 832-1776 or email to natalie.parker@armoryart.org

Please send a high resolution logo to jeanne.martin@armoryart.org

811 Park Place, West Palm Beach, FL 33401 | 561.832.1776 | armoryart.org

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