



CHARLES B. GODDARD CENTER FOR THE VISUAL AND PERFORMING ARTS
 401 First Street SW Ardmore, OK 73401 PO Box 1624, 73402
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Sponsorship Contract

Event #1 _____ **Date** _____

Level of Sponsorship _____ **Value** _____

Event #2 _____ **Date** _____

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Event #3 _____ **Date** _____

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Contact Information: Name/Title _____

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Payment Options: Total Amount Due \$ _____

_____ Invoice now _____ Invoice monthly _____ Invoice quarterly

_____ I would like to pay by credit card. I authorize the Goddard Center to contact _____
(Name)
 at the following phone number: _____ to obtain my credit card information.

I am including my credit card information # _____ Exp. Date _____

_____ I authorize use of my name and/or company logo in all promotional materials and advertisement related to the events sponsored.

_____ I wish to remain anonymous.

Authorized Signature of Sponsor _____ **Title** _____ **Date** _____

No refund will be issued for cancellation of sponsorship after June 1, 2011, as sponsor's name, logo, and event information will be printed in the Annual Exhibits and Performances brochure.

FORM MAY BE FAXED TO: (580) 226-8891

Your donation is tax deductible to the extent allowed by law. Goddard Center tax id #73-1144122