



CHARLES B. GODDARD CENTER FOR THE VISUAL AND PERFORMING ARTS
 401 First Street SW
 Phone: 580-226-0909

Ardmore, OK 73401
 Fax: 580-226-8891

PO Box 1624, 73402
 leila@goddardcenter.org

Sponsorship Contract

Event #1 _____ **Date** _____

Level of Sponsorship _____ **Value** _____

Event #2 _____ **Date** _____

Level of Sponsorship _____ **Value** _____

Event #3 _____ **Date** _____

Level of Sponsorship _____ **Value** _____

Contact Information: Name/Title _____

Company Name _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Company Website _____

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, 2010, 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