

Sponsor
Vendor
Advertiser
Form

Ms. Lake Havasu
Pageant & Dance City

Business _____

Contact Name _____

E-Mail Address _____

Phone Number _____ Cell Number _____

Mailing Address: _____

Circle your sponsorship level (s)

Platinum Sponsor\$1,500
Includes full-page program ad (approximately 7.5" X 10")
and 10 seats.

Gold Sponsor.....\$ 700
Includes half-page ad (approximately 3.75" X 10 "or
7.5" X 5") and 4 seats.

Silver Sponsor.....\$ 400
Includes quarter-page ad (approximately 3.75" X 5")
and 2 seats.

Bronze Sponsor.....\$ 200
Includes business card ad. (no seats)

Enter the total enclosed..... \$_____

Submitted by/signature _____ Date _____

Digital artwork must be received by Friday, 8/16/19, send
to jmahler@havasuhealth.org.

Mail this form with your check enclosed to:
Havasu Community Health Foundation
94 Acoma Blvd. S. Suite 101
Lake Havasu City, AZ 86403

NOTE—Registration Deadline is 8/16/2019

Havasu Community Health Foundation is a 501(c)3 public charity, Tax ID 20-1839858.

Office Use: Cash _____ Ck# _____ CC _____ Date _____ Initials _____ DS _____ EXL _____ DR# _____

