

## WEST MANCHESTER SPONSORSHIP/ADVERTISING FORM

Company/Individual Name (if applicable): Contact Person:				
Address:				
		Phone Number:		
Website/Facebook:				
<u>Type of Sponsorship</u>				
Annual				
	Platinum \$5,000	☐ Gold \$2,500	☐ Silver \$1,000	
	Bronze \$500	☐ Community Friend < \$250		
		ŕ		
Event / Pr	rogram Specific	If selected, please specify:		
Newsletter				
Athletic Field Banner				
Total Sponsorship: \$				
•	ature:	Date:		
·				
Please make check payable and mail check to: West Manchester Township				
, , , , , , , , , , , , , , , , , , ,		Attn: Sponsorship	•	
		380 E Berlin Rd York,	. PA 17408	
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Donations may be tax-deductible: West Manchester Township Tax ID# 23-6050235				
Email company logo/artwork to: kpaul@wmtwp.com				
OFFICE USE ONLY				
Rental Fees and Requirements:				
Date Receive	ed:	Payment Check #:	Staff Initials:	