OFFICE USE ONLY: Date received	Check #_	k # Acknowledgement/Invoice sent			
			nony Orchestro		
	5	SPONSOR IN	FORMATION		
Name					
Business Name					
Phone			Alternate Phone		
Address					
City			State	ZIP (	Code
Email				'	
SELECTED SPONSORSHIPS list additional sponsorships on reverse					
Item		Amount			Date
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TOTAL AMOUNT					
O Amount enclosed	O Paid online at <u>www.ashlandsymphony.org</u>				
Please send me an invoice	O immediately upon receipt				
O 90 days prior to event					
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Please identify me/my business as

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Date Signature

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Questions? Please call 419-289-5115