



SUMMER 2020 SERIES SPONSORSHIP CONTRIBUTION

Name _____
Please print name exactly as it should be listed in publications

Primary Contact _____ Title _____


Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

SPONSOR LEVEL	SUMMER ENTERTAINMENT SERIES
YES, I will contribute \$ _____ <input type="checkbox"/> Celestial Star(\$20,000 and up) <input type="checkbox"/> Stellar Star(\$10,000-19,000) <input type="checkbox"/> Presenting Star(\$7,500-9,999) <input type="checkbox"/> Rising Star(\$5,000-7,499) <input type="checkbox"/> Premier Star(\$3,000-4,999) <input type="checkbox"/> Shining Star(\$1,000-2,999) <input type="checkbox"/> Community Star(\$500-999) <input type="checkbox"/> Individual Star(up to-\$499)	I want to support the: <input type="checkbox"/> Summer Entertainment Series (where most needed) <input type="checkbox"/> Arts in the Parks Children's Series <input type="checkbox"/> Braddock Nights (Braddock District) <input type="checkbox"/> Evening on the Ellipse (Government Center) <input type="checkbox"/> Hunter Mill Melodies (Hunter Mill District) <input type="checkbox"/> Lee District Nights (Lee District) <input type="checkbox"/> Mt. Vernon Nights (Mt. Vernon District) <input type="checkbox"/> Music at Arrowbrook (Dranesville District) <input type="checkbox"/> Nottoway Nights (Providence District) <input type="checkbox"/> Springfield Nights (Springfield District) <input type="checkbox"/> Spotlight by Starlight (Mason District) <input type="checkbox"/> Starlight Cinema (Sully District)

PAYMENT METHOD (Full payment is due by Mrch 13, 2020)

<input type="checkbox"/> CHECK Payable to Fairfax County Park Foundation Mail to FCPF, 12055 Government Center Parkway, Suite 404, Fairfax, VA 22035	<input type="checkbox"/> ACH PAYMENT For information, please contact Brooke Nielsen, FCPF Finance Administrator, by phone 703-324-8582 or by email Brooke.Nielsen@fairfaxcounty.gov .
<input type="checkbox"/> CREDIT CARD  (please add 2.3% when paying with credit card to cover processing fees) Name on Card(print) _____ Credit Card # _____ Exp. Date _____ Security Code (back of card) _____ Signature _____ Date _____	

Send completed form to
FCPF, 12055 Government Center Parkway, Suite 404, Fairfax, VA 22035
or email parkfoundation@fairfaxcounty.gov with your company logo in Vector file format
no later than **March 13, 2020** for inclusion in Parktakes magazine!