



Sponsorship Agreement

*REQUIRED INFORMATION OR ATTACH BUSINESS CARD

*Name of Sponsor Organization/Individual (Please print) _____ *Date _____

*Name as you wish it to appear in the acknowledgements _____

*Address _____ *City _____ *Zip _____

*Phone _____ * Fax _____ *E-mail _____

*Sponsor's Contact Name & Title _____ Web site _____

Festival Contact Name _____ Festival Contact Phone _____

It is our pleasure to be a sponsor of the St. Louis Lebanese Festival 2019 to be held on **Saturday, September 21, and Sunday, September 22, 2019 at St. Raymond Maronite Cathedral.** I/We would like to support the Festival with a sponsorship gift of

\$ _____

Donations will be recognized on a donor list

- The Festival has our permission to use our name and logo as described in our sponsorship package.
- Please keep our donation anonymous and DO NOT use our name or logo in printed materials.
- Please display my sponsorship – “In Memory of _____”.

Sponsor's signature X _____

KINDLY SUBMIT DONATIONS BY AUGUST 21, 2019

Please mail/email your Logo, Agreement & Payment to:
Patti Simon Carnie
931 Lebanon Dr.
Saint Louis, MO 63104
Cell: 314-324-4183
Email: pmsc200@gmail.com

PAYMENT INFORMATION

Check # _____ enclosed for \$ _____ made payable to:

St. Raymond Maronite Cathedral

Visa Mastercard American Express

Card # _____ - _____ - _____ - _____ Exp. Date _____ CVV# _____

Print name as it appears on card: _____

Authorized Signature X _____

St. Raymond Maronite Cathedral is a non-profit 501(c) 3 organization. Tax ID #: 43-0653562. Donation gift is tax deductible as allowed by law.

THE LEBANESE FESTIVAL 2019
Sponsorship Chair
Patti Simon Carnie @ 314-324-4183
Thank you for your support!
www.StRaymond.MC.org

OFFICE USE ONLY
Date Received: _____
Recorded By: _____
Date Paid: _____