

EMMA FEST FAMILY FUN FESTIVAL

SPONSORSHIP CONFIRMATION

Organization Name: _____

Primary Contact: _____

Primary Contact Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email Address: _____

PLEASE CONFIRM YOUR PARTNERSHIP LEVEL:

Diamond: \$25,000 Platinum: \$15,000

Gold: \$10,000 Silver: \$5,000

Other Amount

Total Contribution: \$ _____

Payment Options (Select from below):

Credit Card Check Enclosed Online

Name on Card: _____

Card #: _____ Exp: ____ / ____ CVV: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Make checks payable to the Emma L. Wilson King Foundation, Inc. Mail payment and forms to the
Emma L. Wilson King Foundation | P.O. Box 457, East Saint Louis, IL 62202

[Click Here to Register & Pay Online](#)

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