



Sponsor Contact Form

Name of Sponsor to be acknowledged in program: _____

Name of Sponsor/contact person if different from above: _____

Sponsor Address: _____

Contact Person: _____ Phone: _____

Position: _____ Email: _____

Website to be linked: _____

Sold By (Chorale Contact): _____ Phone: _____

Payment Method: check (attached) through albanychorale.org

Sponsorship Amount: \$ _____

Date: _____