NORTHWESTERN HIGH SCHOOL BAND

SPONSORSHIP COMMITMENT

COMPANY NAME _____

CONTACT NAME _____

ADDRESS _____

_____

PHONE _____

EMAIL _____

SPONSORSHIP LEVEL

Check One

- ☐ **VISIONARY - $7,500**
- ☐ **BENEFACTOR - $3,000**
- ☐ **PATRON - $1,500**
- ☐ **CONTRIBUTER - $500**
- ☐ **SUPPORTER - $250**

PAYMENT METHOD

Check One

☐ **CHECK**

Payable to: NHS Bands

Mail to: NHS Bands
2503 West Main Street
Rock Hill, SC 29732

☐ **CREDIT CARD**

Visit: www.purpleregiment.com to make credit card payment

OR Scan the QR Code to be directed to the payment page

_____ _____

SPONSOR SIGNATURE **DATE**