



2022 Season Sponsorship Form

Sponsor Name: _____
(as it should appear in promotional materials)

Contact Person: _____

Address: _____

Telephone Number: _____ Fax: _____

E-mail Address: _____ Are You on Facebook? Yes No

Sponsor Level:

___ \$7,000 Presenting Sponsor

___ \$5,000 Performance Sponsor

___ \$3,000 Artist Sponsor

___ \$500 Supporting Sponsor

___ \$1,500 Cocktail Sponsor

___ \$250 Friend of the Kane Sponsor

Payment information:

___ A check is enclosed made payable to the Council on Aging of Martin County.

___ I would like to pay for my sponsorship with a credit card. Please check one:

___ Visa ___ Mastercard ___ American Express ___ Discover

Credit Card Number _____ Expiration Date: _____

Thank you!

**Please return completed form with payment to:
Lisa Bharath, Membership & Program Coordinator
Council on Aging of Martin County
Charles and Rae Kane Center
900 SE Salerno Road, Stuart, FL 34997**

Your ad and logo submissions will be due on 10/1/21. We will contact you with specific format information.

Questions? Please call 772-223-7807 or e-mail lbharath@kanecenter.org.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. THE COUNCIL ON AGING OF MARTIN COUNTY'S SOLICITATION REGISTRATION NUMBER IS CH2307.