



Go Fresh Springfield Mobile Farmer's Market 2019 Sponsorship Form

Thank you for your sponsorship!

Please fill out this form by **May 1, 2019** and return it to
Go Fresh, Attn: Shirley Rodriguez, P.O. Box 4895, Springfield, MA 01101-4895
or email completed form to srodriguez@publichealthwm.org

Company/Sponsor Name: _____

Contact Person: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Sponsorship Level:

- 3 year commitment of Harvest Level** (\$10,000) each year (2019, 2020, 2021)
- 3 year commitment of Crop Level** (\$5,000) each year (2019, 2020, 2021)
- Harvest** (\$10,000)
- Crop** (\$5,000)
- Garden** (\$2000)
- PLANT** (\$1000)
- SEED** (\$500)
- Other** _____

Payment Method (Please complete payment options below):

- I have enclosed a check in the amount of \$_____
Please make checks payable to: Partners for a Healthier Community, Inc.
- Please invoice me for the amount of the sponsorship \$_____
- Please submit application through our online portal: _____

If necessary for the level of sponsorship chosen, please provide an electronic copy of high resolution 300 jpeg or print quality PDF logo to srodriguez@publichealthwm.org. For questions, please contact Shirley Rodriguez at (413) 794-7739.

Thank you for supporting Go Fresh!