



MUSEUM STORE SUNDAY CHARTER SPONSORSHIP

Contact Name _____

Business Name _____

Address _____

City _____ State/Province _____

ZIP/Postal Code _____ Country _____

Telephone _____ Fax _____

Email _____

Sponsorship Levels

____ Yes, I will donate \$5000 to the Museum Store Association to become recognized as a Founding Sponsor of Museum Store Sunday.

____ Yes, I will donate \$1000 to the Museum Store Association to become recognized as a Charter Sponsor of Museum Store Sunday.

The List of Founding and Charter Sponsors will be closed on August 15, 2017

Provide the Name you would like to appear on all print, media, and on-line publications _____

Payment Information – Full payment must accompany this form.

Check/money order (payable to Museum Store Association) in U.S. Dollars, please send to the address below

Visa MasterCard American Express

The undersigned agrees to pay the charges above according to card issuer agreement.

Card Number _____ Exp. Date _____

Printed Name on Card _____

Signature _____

MSA is a 501(c)(3) nonprofit organization, and your donation is tax deductible to the extent permitted by law.

Museum Store Association
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