
2020 Gingerbread Festival of Lights

Sponsor Agreement

DEADLINE FOR SPONSORSHIP and PAYMENT: NOVEMBER 2, 2020

Please send your logo electronically or include high resolution logo art for recognition purposes

Sponsor Name _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person _____ Title _____

Email: _____

Phone (work) _____ (cell) _____

Name as you would like it to appear for publication:

Sponsor Levels

Festival Of Lights - \$5,000

Sugar & Spice - \$2,500

Gum Drop - \$1,000

Gingerbread - \$500.00

Crab Pot Tree

6ft - \$200 4ft - \$150 3ft - \$100

I would like to purchase my tree:

6ft - \$100 4ft - \$75 3ft - \$50

Total for tree: \$ _____

Holiday Display Plot - \$100

Display must be approved by Gingerbread Festival Committee

In-Kind Sponsorship: _____ Value: \$ _____

PLEASE MAKE CHECK PAYABLE TO: Crystal Coast Hospice House

Check is attached

Please invoice

For Credit Card Payment: Contact Kay Coole, Office Coordinator, 252-808-2244

For additional information or to send logo: kay.coole@cchhnc.org