



Sponsorship Form

Business Name: _____

Contact Name: _____ Email: _____

Select Your Sponsorship Level:

- _____ **\$2,500** *Museum Under the Stars Event Sponsor*
- _____ **\$1,000** *Museum Under the Stars Entertainment Sponsorship*
- _____ **\$500** *Museum Under the Stars Business Table Sponsorship (8 tickets & recognition)*
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- _____ **\$1,000** *Founders Festival Partner Sponsorship*
- _____ **\$500** *Founders Festival Community Sponsor*
- _____ **\$250** *Founders Festivals Supporter*
- _____ **\$250** *Raft Sponsorships for the Float*
- _____ **\$100** *Founders Festival Friend*

Payment will be sent:

_____ A check is included with this form which I will mail to Wabash County Museum,
36 E Market St, Wabash, IN 46992.

_____ Payment was made online at www.wabashmuseum.org/foundersfest

_____ Request an invoice be emailed to: _____