

# Columbia County Pride & Festival

## Sponsorship Form

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Sponsorship Selection

Level 1- All donors will be recognized on the Columbia County Pride Facebook page, as well as on the Medicine Wheel Recovery Services website ([www.medicinewheelrecoveryervices.org](http://www.medicinewheelrecoveryervices.org)). \$ \_\_\_\_\_

Level 2- All donors of \$1000 or more will also be recognized on the First Annual Columbia County Pride Parade and Festival Banners, and will receive a fee waiver to participate in the parade.

Level 3- In addition, all donors of \$5000 or more will receive an honorary plaque, and free admittance for 25 people to the Pride Festival.

Authorized Signature for Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_

All sponsorships are 100% tax deductible. Checks should be made payable to Medicine Wheel Recovery Services (Please note Pride in memo area). You will receive a receipt by mail for your tax records.

Please return the completed form to:

**Medicine Wheel Recovery Services**

**58147 Columbia River Highway, Suite C**

**St. Helens, OR. 97051**

Please email an image or file with your company logo to [pride@medicinewheelrecoveryervices.org](mailto:pride@medicinewheelrecoveryervices.org) for use on our banners. Preferred format is 300 dpi jpg.

**Thank you for partnering with us in Pride!**