

2019 SPONSORSHIP AGREEMENT

Business Name: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Event: _____

Level of Support: _____

Method of Payment

Enclosed is my check

Please invoice me

Credit Card

Type _____

Number _____

CSV Code _____

Please make check payable to: Springfield Business Improvement District

Please email all digital collateral to Bridget Delaney at bridget@springfielddowntown.com

Questions? Contact the SBID Team at 413-781-1591 or chris@springfielddowntown.com,
michelle@springfielddowntown.com, or bridget@springfielddowntown.com