



SPONSORSHIP AGREEMENT

2024-2025 SEASON

Name of Sponsorship: _____

Dollar Amount: _____

Sponsor Name: _____

Contact Person's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Electronic Billing Email (if applicable): _____

Check enclosed Send invoice on _____ (date)

Make checks payable to: Jackson Symphony Orchestra.

Sponsor Signature: _____ Date: _____

Any questions or signed contracts can be directed to
the Director of Fund and Audience Development,
Belle Coty, at bellec@jacksonsymphony.org or (517) 998-1002.

THANK YOU!

*When you give, you're not only supporting
world-class music in Jackson, you're helping to bring music
education and special events to our community.*