

WINDING RIVER PLAYERS

Sponsorship Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Enclosed, please find my tax-deductible contribution:

- Sponsor (\$200 and more)
- Benefactor (\$100+)
- Angel (\$75+)
- Patron (\$50+)
- Donor (\$25+)
- Friend (\$10+)

List your name in the program?

- Yes (Only your name will be listed)
- No. I wish to remain anonymous.

Send this form and you check to:

**Winding River Players
415 Main Street
Towanda, Pa. 18848**

Thank you for your generous support!