



# Upper's Winter Fantasy of Lights

## SPONSOR FORM

<b>OFFICE USE</b>
Date Rec. _____
Check # _____
Amount \$ _____

Name/Business Name \_\_\_\_\_  
(As you would like it to appear in the program)

Mailing Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

All sponsors will be recognized in the Fantasy of Lights program, which is given to all visitors. To be included in the program, donations must be received by November 1 of current year.

### Please Indicate Your Level of Sponsorship:

- |                   |             |                 |
|-------------------|-------------|-----------------|
| _____ Toy Soldier | Donation of | \$4,000 or More |
| _____ Stars       | Donation of | \$1,000 or More |
| _____ Angels      | Donation of | \$500 or More   |
| _____ Icicles     | Donation of | \$300 or More   |
| _____ Candy Canes | Donation of | \$200 or More   |
| _____ Snowflakes  | Donation of | \$100 or More   |
| _____ Poinsettias | Donation of | \$50 or More    |
| _____ Other       | Donation of | \$ _____        |

### **HUNDREDS OF COMMITTED VOLUNTEERS ARE NEEDED**

*Confirm your volunteer participation by October 1 of current year.*

### Please Give Your Time and Talent to:

- \_\_\_\_\_ Create a display (If possible please include a written description and/or drawing)
- \_\_\_\_\_ Take over a display that no longer has a sponsor
- \_\_\_\_\_ Take money at the gate
- \_\_\_\_\_ Put up and take down landscape lighting (2 hour time commitment)

**Please Make Checks Payable to:** "Upper's Winter Fantasy of Lights"

**Mail this Form to:** Upper's Winter Fantasy of Lights  
P.O. Box 6  
Upper Sandusky, OH 43351

**Direct Questions to:** Pat Eyestone (419) 934-0431

***Thank You!***