

Noyes-of-the-Month Sponsor Registration Form

Contact Name/Title: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Web Site: _____

Yes! I want to support the care & preservation of the permanent collection at The Noyes Museum of Art!

Check appropriate box indicating sponsorship below. Please limit credit line(s) to 20 words.

One (1) month. \$100 minimum donation.

Credit Line: _____

Two (2) months. \$175 minimum donation.

Credit Line for **first** month: _____

Credit Line for **second** month: _____

I/We cannot commit to a sponsorship, but a tax-deductible contribution of \$ _____ is enclosed for the care & preservation of the permanent collection.

Enclosed is a check made payable to The Noyes Museum of Art.

Please charge my: ___ MC ___ VISA ___ AMERICAN EXPRESS

Account # _____ Expiration Date: _____

Cardholder's Signature: _____ Date: _____

Agreement entered into this date of __/__/2008 between The Noyes Museum of Art and _____.

The Noyes Museum of Art Date Sponsor Date

Sponsorship recognition begins after receipt of signed sponsor agreement form and full payment.

Please return this form to: The Noyes Museum of Art, 733 Lily Lake Road, Oceanville, NJ 08231 or fax your response to 609-652-6166. If you have any questions or need more information, please contact Michael Cagno, Director, at 609-652-8848 or email mcagno@noyesmuseum.org.

Thank You!