



SUMMERVILLE

18 DREAM 47

APPLICANT INFORMATION

Business or Organization:

Main Contact:		Phone:
2 nd Contact:		Phone:
City:	State:	ZIP Code:

BUSINESS/ORGANIZATION INFORMATION

Name:		
Address:		Historic District: yes no
	E-mail:	Phone:
City:	State:	ZIP Code:
Web:	Social Media:	Nonprofit: yes no

NON PROFIT COMMUNITY PARTNER

Annual fee \$95 Cash , check or credit card are accepted

Card Name:		Check#/Cash \$
Card #	Expiration	CRV code:
Initial_____ I authorize Summerville DREAM to process my card one time for a Community Partnership. \$_____		

BUSINESS COMMUNITY PARTNER

Annual fee \$150 Cash , check or credit card are accepted

Card Name:		
Card #	Expiration	CRV code:
Initial_____ I authorize Summerville DREAM to process my card one time for a Community Partnership. \$_____		

ADDITIONAL ANNUAL SPONSORSHIP LEVELS ARE AVAILABLE:

Please see the Summerville DREAM Sponsorship packet for details or call our office for more information: 843-821-7260

Platinum: \$10,000	Gold: \$5,000
Silver: \$2,500	Bronze: \$1,000

HOW DID YOU HEAR ABOUT SUMMERVILLE DREAM?

Name	Address	Phone
Publication or online?		

Name (please print):

Signature of applicant:	Date:
Title:	