



SUMMERVILLE

18 DREAM 47

APPLICANT INFORMATION

Business or Organization:

Main Contact:

Phone/cell:

2nd Contact:

Phone/cell:

City:

State:

ZIP Code:

BUSINESS/ORGANIZATION INFORMATION

Name:

Address:

Historic District: yes no

Phone:

E-mail:

Fax:

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 HEARD ABOUT SUMMERVILLE DREAM?

Name

Address

Phone

Publication or online?

Name (please print):

Signature of applicant:

Date:

Title: