

Sponsorship Form

Name of Organization: _____

Contact Person: Please Print _____

Signature: _____

Address: _____

Phone Number: _____

Sponsorship Level: _____

Check Number: _____

Date Mailed: _____

Thank you for your contribution, we couldn't do this without you!

Please make checks payable to Ashtabula Co. Covered Bridge Festival, or just Covered Bridge Festival.

Please submit this form to:

Ashtabula County Covered Bridge Office

25 West Jefferson St. Jefferson, Ohio 44047