

Remick Country Doctor Museum & Farm



Sponsorship Information Form

Business Name: _____

**Proprietor or
Contact Person Name:** _____

**Address and
Mailing Address:** _____

Phone: _____

Fax: _____

E-mail: _____

Website: _____

If You Wish to Sponsor a Specific Event, Name of the Remick Museum Special Event
Your Company will sponsor _____

Amount of Sponsorship (please circle):

Mighty Gem	Highland Hall	Chloe	Season	Annual	In-Kind
\$1000	\$500	\$200	\$2,500	\$10,000	Gifts\Services

For an In-Kind Sponsorship, please describe:

- *Company Logo
- *Company Slogan
- *Company Description

The Remick Museum requests that these star items above be sent by e-mail to pr@remickmuseum.org. You may also attach the information to this form.

_____ agrees to the terms and conditions of the Sponsorship program at the Remick Country Doctor Museum & Farm.

Signed by: _____

Company Title: _____

Date: _____

Please make checks payable to the Edwin C. Remick Foundation; Send your check and completed Special Events Information Form to Remick Country Doctor Museum & Farm, PO Box 250, Tamworth, NH, 03886.