



## The Reunion Place Sponsorship Form

Name: \_\_\_\_\_  
HS Name/Year: \_\_\_\_\_  
Company\*: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website\*: \_\_\_\_\_

*\*If Applicable*

### Choose Your Sponsor Level:

\_\_\_\_\_ \$ 250 \_\_\_\_\_ \$ 500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$1,500 \_\_\_\_\_ \$ 2,000 \_\_\_\_\_ Other

### Alumni Directory Ads:

If your sponsorship includes a program ad in the alumni directory, we must receive a copy of your ad (.pdf or .jpg preferred) by email to [contactus@reunionplaceflorida.com](mailto:contactus@reunionplaceflorida.com) no later than 30 days prior to your reunion. So that you are not left out of the alumni directory, we encourage you to email us your ad NOW!

### Method of Payment:

*So that more of your money goes toward reducing the cost of the ticket price, checks are preferable.*

Amount Enclosed by Check: \$\_\_\_\_\_ *Please make payable to The Reunion Place*

Pay by Credit Card: (Visa) (MasterCard) (Amex) (Discover) CIRCLE ONE

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3 or 4 Digit Security Code \_\_\_\_\_ (AMEX cards have four digits on front of card)

**Please return sponsorship form and payment to:**  
**The Reunion Place**  
**Sponsorship Program – Your high school name and year**  
**PO Box 7592**  
**St. Petersburg, FL 33734-7592**  
**Fax: 727-865-5101**