



*Your Channel... Your Voice
WACMC-Channel 14*

WACMC is exempt under section 501 (c)(3) of the internal Revenue Code, making your gift tax-deductible

BUSINESS SPONSORSHIP FORM

Business Name: _____ *Today's Date:* _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone: () _____ *Ext.:* _____ *Website:* _____

DONOR INFORMATION

Would you like to receive on-air acknowledgement on Channel 14? YES or NO

Please Check what you would like included in your on-air recognition.

- | | |
|---|--|
| <input type="checkbox"/> <i>Business Name</i> | <input type="checkbox"/> <i>Phone Number</i> |
| <input type="checkbox"/> <i>Logo*</i> | <input type="checkbox"/> <i>Website Address</i> |
| <input type="checkbox"/> <i>Address</i> | <input type="checkbox"/> <i>Two-Line Message**</i> |

** You may send your logo by mail along with this form, or email it to info@wacmc.org*

***If you choose to have a two-line message or slogan, please print neatly below.*

Preferred dates for message to begin and end? _____ to _____

(Need Cost =\$100 - Message will play for a month. Watch for our Holiday special promotion offers!)

Enclosed is \$ _____ Please make check payable to West Allis Community Media Center. (Donation receipt will be mailed to you.)

Please return completed form & donation to:

*West Allis Community Media Center
7210 W. Greenfield Ave.
West Allis, WI 53132*

*(414) 321-1121
fax: (414) 321-3880*