PARKWAY of Wilmington Sponsorship Request Form

5920 Market Street, Wilmington, NC 28405	Main: (910) 392-4888 Fax: (910	0) 793-2161	www.ParkwayofWilmington.com
Today's Date:	Date of Sponsorship Eve	ent:	
Company/Organization you Represent			
Contact Name:	Contact Phone Number:		
Contact E-mail:			
Name of Event/Sponsorship:			
Location of Event:			
Number of expected guests (if applicat	ile):		
Will Parkway be able to display a vehic			
Will you (or your organization) be able	to assist Parkway in arrangin	ng vehicle d	elivery to and from the event
if needed?:			
What is the amount of the sponsorship	you are hoping to receive frc	om Parkway	/?
If there are multiple levels of sponsors	ip available, which level are	you anticip	ating Parkway to choose?:
In our line of business, we are constan	lly approached by various ch	arities, adv	ertisers and individuals with
requests for donations and/or sponsors	hips. Why should Parkway c	hoose to sp	oonsor you and/or your cause
rather than another cause?:			