



CORPORATE SPONSOR APPLICATION

(SPECIFIC USE OF DONATION WILL BE APPLIED AS REQUESTED)

BUSINESS/ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

BUSINESS ORGANIZATION CONTACT NAME: _____

AREAS OF APPLICATION: (Please indicate amount of donation in area of choice, if applicable.)

FOOD COURT: \$ _____ PHOTOS WITH SANTA: \$ _____ PRINTING: \$ _____

WINE & BEER: \$ _____ SECURITY: \$ _____ EVENT BOOKLET: \$ _____

LOTTERY TREE: \$ _____ GENERAL/NON-SPECIFIC DONATION: \$ _____

CHECKS SHOULD BE MADE OUT TO: **TRIPOLI SHRINE FEZTIVAL OF TREES**

THANK YOU FOR YOUR DONATION TO THE FEZTIVAL OF TREES. PLEASE SEND THIS COMPLETED APPLICATION WITH

YOUR CHECK TO: **TRIPOLI SHRINE CENTER**

3000 W. WISCONSIN AVE.

MILWAUKEE, WI 53208

QUESTIONS CAN BE DIRECTED TO:

BOB CAPEN

bobcapen@sbcglobal.net

414-235-1279 or

ALAN SORIANO

Soriano.alan@gmail.com

414-531-3887