

2018 HSPC Day Planner Sponsorship Form

Deadline is June 1st! Don't be left out!

Sponsor's Name: _____

Address: _____ City/Zip: _____

Phone: _____ Email: _____

Business Name (if applicable): _____

For business sponsorships, please see additional charges on enclosed Sponsorship Levels page.

PAGE & PHOTO INFORMATION - as you wish it to appear in the calendar (please write legibly)

**** Please provide the following information for EACH page that you sponsor ****

Names of pets in photo, left to right: _____

Please include an asterisk () after pet name if rescued or adopted. Example: SPOT* and BOOTS**

Names of people in photo, left to right: _____

Business name (if sponsoring a business page): _____

Pet owner name (if different from sponsor's name): _____

Additional Options

Include "In Loving Memory Of" for deceased pet named: _____

Sponsor an HSPC shelter animal instead of a personal pet. We will provide the photo.

Choose one: Shelter Dog Shelter Cat

Include professional photographer name: _____

Photo Delivery Options

Photo enclosed Photo emailed to **Dayplannerpics@yahoo.com** Photo to follow by June 1st

◆ All photos submitted digitally should be highest resolution possible or 300 dpi at 6" width.

◆ Original file size should be as requested. Please do not resize your file to suit the requirement.

◆ Please do not send Facebook, Instagram or Snapchat photos.

SPONSORSHIP LEVELS - Please see enclosed page for more details

\$ _____ Underwriter \$750 and Up

\$ _____ Color Business Tab \$425

\$ _____ Color Individual Tab \$325

\$ _____ Color Business Page \$265

\$ _____ Color Individual Page \$185

\$ _____ B&W Individual Page \$100

\$ _____ Additional Calendars \$ 25 Per Calendar

\$ _____ Additional Donation to HSPC

\$ _____ **TOTAL AMOUNT**

PAYMENT METHOD

Check # _____ enclosed payable to *Humane Society Day Planner*, memo line of *2018 Day Planner*

Credit Card Paid at **Warmhearts.org** using Donate button with comment of *2018 Day Planner*

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Credit Card Billing Address (if different from above):

Address: _____ City/Zip: _____

Mail this form and enclosures to: HSPC Day Planner, P.O. Box 21260, Little Rock, AR 72221

Questions? Please call the HSPC shelter at 501-227-6166 or email Sharon@warmhearts.org



THANK YOU FOR YOUR SUPPORT!



Contributions to HSPC are tax-deductible to the extent permitted by law.

Your donation is tax-deductible less the fair market value of \$25 for each complimentary Day Planner.