

2019 HSPC Day Planner Sponsorship Form

Please submit application form and pet photo(s) by June 30th!

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 30th
 ♦ 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 *2019 Day Planner*
 Credit Card Paid at **Warmhearts.org** using Donate button with comment of *2019 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 \$30 for each complimentary Day Planner.