A Chalk in the Park Adopt a Square 2015 Salinas Circle for Children

Dear Friend of A Chalk in the Park,

Salinas Circle for Children would like to invite you to participate in the 2015 A Chalk in the Park Chalk Art Festival that will be held Saturday, May 2nd, 2015 at Spreckels Park. Support from donors helps us provide funds for special needs children in Monterey County. We are hoping we can count on you to support this event and our organization.

Gold Star Adoption	\$500.00
Double 9' by 5' Square with Adopt a Square Re	ecognition
One of our Top 10 Past Artist will be assigned	to you
Company/Business Name & Logo will appear of	on the Sponsor board
Custom lawn sign of your company/business to	b be displayed at your square
Major Adoption	\$200.00

Single 4'1/2" by 5' Square with Adopt a Square Recognition

You may provide an artist or we will assign an artist to you

Please fill out attached form by April 10, 2015. Space is Limited, reserve your space(s) today!

For questions, please contact Kathy Hemenway, A Chalk in the Park Chair, at 831-206-6442 or e-mail deco93908@aol.com.

Sincerely,

Kathy Hemenway

Event Chair

Salinas Circle for Children P.O. Box 2064 Salinas, CA 93902 <u>www.salinascircle.org</u>, (831) 424-7232 <u>salinascircle@aol.com</u> Non-Profit 501c (3) Tax ID# 94-2609350



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	OR SPONSOR) : ear on your artwork square(s))		
CONTACT	NAME:		
ADDRESS:			
CITY:		ZIP:	
PHONE:		CELL PHONE:	
<u>if you are pro</u>	viding your own artist or team, pl		
ARTIST (if	applicable):		
CONTACT P	PHONE NUMBER:		
E-MAIL:			
	es and artists will be assigned on content of any artist's composition	a first come, first served basis. A Chalk in the Park cannot on.	
l would like to	o sponsor A Chalk in the Park!	at the following level:	
	Gold Star Adoption:	\$500.00	
	Major Adoption:	\$200.00	
	Square Adoption:	\$150.00	
	I am unable to adopt a s	equare, please accept my donation of \$	
Please r	Thank you for enriching the liv nake checks payable to Salinas Ci	res of special needs children of Monterey County! ircle for Children and send payment with this form by April 10th	
Credit Card H	older:		
Billing Addres	s:		
Credit Card #:			
	_/ CID #:		
Salinas Circle P.O. Box 2064 Salinas, CA 9	4 93902	For internal use only: Date Received:	
salinascircle@		Payment: Cash Check Credit Card	
	1c (3) Tax ID# 94-2609350	Gave Sponsor Thank You? Yes No	