

# COGGESHALL FARM MUSEUM

## Business Partner Reply Form

**Yes, I want to support Coggeshall Farm Museum by joining the Business Partner Program.**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>President Business Partner</b> ..... \$10,000<br>└ ___ Corporate Member Cards, <b>and</b> ___ Daytime Passes | <input type="checkbox"/> <b>Associate Business Partner</b> ..... \$1,000  |
| <input type="checkbox"/> <b>Executive Business Partner</b> ..... \$5,000<br>└ ___ Corporate Member Cards, <b>and</b> ___ Daytime Passes  | <input type="checkbox"/> <b>Supporter Business Partner</b> .....\$500<br>└ <input type="checkbox"/> Corporate Member Card <b>OR</b> <input type="checkbox"/> Daytime Passes |
| <input type="checkbox"/> <b>Director Business Partner</b> ..... \$2,500  | <input type="checkbox"/> <b>Neighbor Business Partner</b> .....\$250<br>└ <input type="checkbox"/> Corporate Member Card <b>OR</b> <input type="checkbox"/> Daytime Passes  |

### Contact Information:

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Payment Information:

- Please send invoice to the contact person listed above  
 A check is enclosed payable to: Coggeshall Farm Museum  
 Please charge this credit card (check one):  VISA  MC  AMEX  DISCOVER  
Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

### Giving at a sponsorship level?

Please contact us for more information on how we can partner to create a sponsorship that works best for your company and how to make the most of your sponsorship.

**Development Office** • 508-347-0210 • [development@osv.org](mailto:development@osv.org)

THANK YOU FOR YOUR SUPPORT!

