



Des Moines Community Orchestra
 P.O. Box 1796 Des Moines, IA 50306

SPONSORSHIP

(Please completely fill in all sections)

A. File Copy (to DMCO Treasurer, along with payment)

Company Name: _____ Contact: _____

Billing Address: _____

_____ Phone: _____

Support Level: () Benefactor - over \$999 () Sustaining Patron - \$500 to 999
 () Patron - \$200 to \$499 () Friend: - \$25 to 199

Permission to acknowledge in concert program: () Yes () No

Total Amount: _____ Payment: () Check () Cash () Bill on later date: _____

Received by (DMCO Member): _____ Date: _____

B. DMCO Fund Raising Chairman's Copy

Company Name: _____ Contact: _____

Billing Address: _____

_____ Phone: _____

Total Amount: _____ Payment: () Check () Cash () Bill on later date: _____

Received by (DMCO Member): _____ Date: _____

C. Customer's Receipt

Received from (sponsor or sponsor's rep): _____

Address: _____

Phone: _____

Date: _____

Received by: _____

Amount: _____

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() Check
 () Cash
 () Bill on: _____

