



HARVARD MILK DAYS™, INC.
P.O. Box 325, Harvard, Illinois 60033
Phone: 815-943-4614

Family and Friends \$250 Sponsorship Agreement
(June and October 2021)

The undersigned agrees that _____ will be a “**Family and Friends Sponsor**” for Harvard Milk Days to be held for calendar year 2021 in Harvard, Illinois.

In exchange for your payment, Harvard Milk Days agrees to provide the benefits listed below.

You will receive the following benefits:

- Your Logo on the main Milk Days Schedule of Events Poster. (June and October)
- Your Logo on the banner at the Milk Days grounds. (June and October)

Business (Family and Friends Sponsor) representative:

(Please supply contract showing list)

Monetary amount \$ _____

In kind services/materials/donations

- Upon acceptance by both parties, this contract is binding on all parties and is not cancellable.
- Logos must be in the hands of Harvard Milk Days on or before **May 29, 2021**, to insure placement on the printed material.
- **Commitment PLUS \$250.00 full payment made by May 29, 2021.**

Signed _____ Date _____

Print Name _____

Business Name _____

Name to be used for sponsorship (if different) _____

Signed (Board President) _____ Date _____

Print Name _____

For Harvard Milk Days™, Inc.

Signed (Board Member) _____ Date _____

Print Name _____