**2020 ZONTA YELLOW ROSE LUNCHEON SPONSOR REGISTRATION**

Please complete this form and return, along with your check payable to the **Zonta Club of Jefferson City Foundation** to: Jennifer Schnieders, Outbound Physical Therapy & Rehab, 1739 Elm Court, Ste 206, Jefferson City, MO 65101

**Sponsorship Levels: \*New This Year**

\_\_\_\_\_\_\_\_ **Legacy Sponsorship** (Amelia Earhart 10+ Years)**\***

\_\_\_\_\_\_\_\_Amelia Earhart Sponsorship ($2500) \_\_\_\_\_\_\_\_ **Signature Cocktail Sponsorship\*** ($500)

\_\_\_\_\_\_\_\_ Zonta International Sponsorship ($1000) \_\_\_\_\_\_\_\_ Zonta Foundation **Table\*** Sponsorship ($300)

\_\_\_\_\_\_\_\_ Yellow Rose Sponsorship ($700) \_\_\_\_\_\_\_\_ Friends of Zonta Sponsorship ($150)

**Advertisement for Legacy Sponsors, Amelia Earhart Sponsor, Zonta International Sponsor and Yellow Rose Sponsor**

\_\_\_\_\_Use the same ad as 2019.

\_\_\_\_\_ A new ad will be sent. Ad sizes listed below:

Legacy and Amelia Earhart Ad Full Page, 5.75” x 8.75” with bleed; 4 color process

Zonta International Ad Half Page, 5” x 3.875” no bleed; 4 color process

Yellow Rose Quarter Page 2.875” x 3.875” no bleed; black ink

Please email a 300 dpi resolution PDF to dporter@brownprint.com by April 14, 2020. If you have questions about your program ad, please call Darla at 573-644-7038 or email at the address above.

**Logo’s for Signature Cocktail Sponsors and Zonta Foundations Table Sponsors**

Please email a high resolution image of your business logo to [dporter@brownprint.com](mailto:dporter@brownprint.com) by April 14, 2020. Any questions regarding your signage or program logo can be directed to Darla at 573-644-7038 or the email above.

**Sponsors only may purchase additional tickets on this form.** If interested in purchasing additional tickets at the cost of $40 per ticket, please indicate the number below and enclose the funds. Please make check payable to the Zonta Club of Jefferson City Foundation.

**Enclosed are funds for \_\_\_\_\_ additional tickets at $40 each**.

**Primary Contact for this Sponsorship:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Name (as it should appear in the program):

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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