

# ST. FRANCOIS COUNTY FARMER'S MARKET PROGRAM

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## ADVERTISING SPONSORSHIP LEVELS

\_\_\_\_\_ \$500.00 Sole sponsorship for one month + small add for each month

\_\_\_\_\_ \$250.00 Sponsor a Farmer's Market Coupon for one month

\_\_\_\_\_ \$250.00 Small ad on bottom or top of page of calendar for entire year

\_\_\_\_\_ \$100.00 Medium ad on bottom or top of page of calendar for one month

\_\_\_\_\_ \$50.00 Small ad on bottom or top of page of calendar for one month  
Preference of month? \_\_\_\_\_

\_\_\_\_\_ \$25.00 Your name on "Friends of the Market" list on cover of calendar

**\*\*\*All levels of sponsorship includes you on the listing of "Friends of the Market."\*\*\***

Send this form with payment to:

Breanna Griffin  
St. Francois County Health Center  
1025 West Main Street  
Park Hills, MO 63601

Make checks payable to St. Francois County Health Center.

Money and logo due by **July 31<sup>st</sup>**.

For questions call Breanna Griffin at 573-431-1947 ext. 151 or email

[breanna.griffin@sfchealth.org](mailto:breanna.griffin@sfchealth.org)