

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 **October 31st**.

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

breanna.griffin@sfchealth.org