



# ABFM 2017 Supporter Enrollment Form

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**PLEASE COMPLETE AND SUBMIT THE ABFM 2017 SUPPORTER ENROLLMENT FORM NO LATER THAN APRIL 21.**

Business/Organization Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Website URL: \_\_\_\_\_

Please check your preferred Supporter category, and list your preferred Highlighted Partner/Sponsor dates, as indicated.

**PARTNER** (\$300) limited to 8

Please list 1st and 2nd choice dates for your Highlighted Partner Week:

\_\_\_\_\_  
\_\_\_\_\_

**SPONSOR** (\$175)

Please list 1st and 2nd choice dates for your Highlighted Sponsor Week:

\_\_\_\_\_  
\_\_\_\_\_

May we put a link to your site on the ABFM website?

Yes  No

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## IMPORTANT

**If you're a new Supporter in 2017, please forward the following materials to:**  
**[communications@ABFarmersMarket.org](mailto:communications@ABFarmersMarket.org)**

- high-resolution color .jpg or .eps file of your logo
- a Word document containing:
  - \* business/organization name and tag line, if relevant
  - \* description of the business/org. (maximum 60 words)
  - \* business contact information and business hours (if relevant)
  - \* your website URL

**If you were a 2016 Supporter and want to change your URL, logo, or any other information you provided to us last year, please forward those changes to: [communications@ABFarmersMarket.org](mailto:communications@ABFarmersMarket.org)**

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**Please mail this completed Enrollment Form and your check, made payable to Acton-Boxborough Farmers Market, to:**

Acton-Boxborough Farmers Market, 109 Concord Road, Acton, MA 01720

**Thank you for your generous support.**