



ABFM 2017 Supporter Enrollment Form

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

IMPORTANT

If you're a new Supporter in 2017, please forward the following materials to:
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

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.