



ABFM 2024 Supporter Enrollment Form

PLEASE COMPLETE AND SUBMIT THE ABFM 2024 SUPPORTER ENROLLMENT FORM **NO LATER THAN APRIL 19.**

Business/Organization Name: _____

Address: _____

Contact Person: _____ Phone: _____

Email: _____ Cell Phone: _____

Website URL: _____

Please check your preferred Supporter category.

PARTNER (\$300) limited to 8

SPONSOR (\$175)

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

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 2024, please forward the following materials to:
supporters@ABFarmersMarket.org

- high-resolution color .jpg or .eps file of your logo
- a Word document containing:
 - * business/organization name and tagline, 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 2024 Supporter and want to change your URL, logo, or any other information you sent to us last year, please forward those changes to: **supporters@ABFarmersMarket.org**

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

Acton-Boxborough Farmers Market, 8 Church Street, Acton, MA 01720

Thank you for your generous support.