



# ABFM 2024 Supporter Enrollment Form

PLEASE COMPLETE AND SUBMIT THE ABFM 2024 SUPPORTER ENROLLMENT FORM **NO LATER THAN MAY 3.**

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](mailto: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](mailto: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.