

Methuen Memorial Music Hall, Inc.

Special Event Sponsorship Form

Your Name: _____

Enterprise Name: _____

Address: _____

City, State, ZIP: _____

E-Mail Address: _____

Telephone: _____

Name/enterprise as you would like it credited in publicity:

Special Event: _____

Enclosed, please find a check in the amount of \$600.00, payable to "MMMh, Inc."

Please mail completed form and check to:

Special Event Sponsorship
Methuen Memorial Music Hall, Inc.
Post Office Box 463
Methuen, Massachusetts 01844-0463