

CELEBRATION OF THE ARTS 2017 PROGRAM

SPONSOR AD ORDER

Sponsor Name: _____

Contact: _____ Phone Number: () _____

Address: _____ Size of Ad: _____

City, State, Zip _____ Amount Enclosed: _____

- 1. ATTACH a business card or logo**
- 2. ATTACH a check made payable to: La Verne Church of the Brethren**
Please write CotA in the memo section on the check.
- 3. GIVE TO A CotA representative**

OR MAIL TO:

The La Verne Church of the Brethren
2425 "E" Street • La Verne, CA 91750
(909) 593-1364

Additional information/request: _____

FOR CotA USE ONLY

Date Received: _____ Received by: _____

Comments: _____
