

WYSO Programs and Events Sponsorship Form

2023-2024 Season

DONOR INFORMATION				
Name(s):				
Please recognize as:				Anonymous
Address:				
City:	State: _		Zip:_	
Phone:	_ Email:			
SPONSORSHIP INFORMATION				
I/we give/pledge the amount of \$		to spo	nsor the progr	ram listed below:
☐Lead Sponsorship ☐Supporting Spo	nsorship of _			
		(F	rogram or Eve	ent)
Payable in an amount(s) of \$	made	□one-time	monthly	□quarterly,
beginning/*				
Sponsorship pledges must be paid i	in full by the e	nd of our fiscal y	ear, June 30, 2 0	024.
Make payable to: Wisconsin Youth Symp	ohony Orche	stras.		
Signature:	Date:			
Note:				
Contact Susan Gardels, Director of E	Development d	and Communico	ntions (608) 733	-6283 ext 4.

WYSO is a 501c3 nonprofit corporation. All gifts are deductible to the fullest extent allowed by the law.