



2011 Supporter Enrollment Form

Business/Organization Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Please check your preferred Supporter category, and list your preferred Highlighted Partner/Sponsor dates, as indicated.

PARTNER (\$250) *limited to 8*
Please list 1st and 2nd choice dates for your
Highlighted Partner Week:

SPONSOR (\$175)
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

Can you provide us with high-resolution, both color and B&W, .jpg or .eps files of your logo? Yes No

Please forward the following materials to the ABFM Communications Coordinator at:

communications@abfarmersmarket.org

- high-resolution color (and B&W, if possible) .jpg or .eps file of your logo
- a Word document containing:
 - * business/organization name and tag line, if relevant
 - * description of the business/org. (maximum 60 words)
 - * business hours, if relevant
 - * your website URL

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

Acton-Boxborough Farmers Market, 155 Prospect Street, Acton, MA 01720

**Thank you for your generous support.
We look forward to a successful 2011 season for the market,
our Supporters, and our community!**