



# 2010 Supporter Enrollment Form

Business/Organization/Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Please check your preferred Supporter category. Please add the available Partner or Sponsor upgrade, if you'd like it, and be sure to list your preferred dates, as indicated.

**Partner** (\$250) limited to 6  
Please list 1st and 2nd choice dates for your Highlighted Partner Week:  
\_\_\_\_\_

**Upgrade:** Second Highlighted Partner Week (\$75)  
Please list 1st and 2nd choice dates for additional Highlighted Partner week:  
\_\_\_\_\_

**Sponsor** (\$150)  
 **Upgrade:** Highlighted Sponsor Week(s) (\$25/week)  
Please choose:  
 One week (list 1st and 2nd choice dates)  
\_\_\_\_\_

Two weeks (list 1st & 2nd choice dates for each week)  
\_\_\_\_\_

**Foodie** (\$60)

**For Partners and Sponsors:**

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 files of your logo?  Yes  No

**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 2010 season for the market, our Supporters, and our community!**