



Arizona Film & Media Coalition, Inc.

SPONSORSHIP FORM

Organization: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Sponsorship Pledge:

_____ **Executive Producer (\$100 or more)**

_____ **Producer (\$25-\$99)**

Fulfillment Method:

_____ **Check Enclosed**

_____ **Credit Card**

Visa _____ **Mastercard** _____ **Other** _____

Cardholder: _____

Card Number: _____

Exp Date: _____

_____ **Yes, I wish to sponsor the AFMC in their ongoing efforts to keep film in Arizona and remain competitive with other states. Please accept my sponsorship donation. I understand that my annual cost for my sponsorship level is not tax deductible.**

Return this form to:

Noel Paynter
c/o AFMC
10721 E. Mission Lane
Scottsdale, AZ 85258

Phone: 602-200-7205
npaynter@wnpplc.com