



NATIONAL SHRINE of
 OUR LADY of the SNOWS
 Missionary Oblates of Mary Immaculate

Way of Lights Sponsorship Commitment Form

Organization Name: _____

Organization Contact: _____

Contact Email: _____ Contact Phone Number: _____

Contact Address: _____

City: _____ State: _____ Zip Code: _____

Sponsorship Level (Please Circle One)
Gold - \$15,000.00
Silver - \$10,000.00
Bronze - \$5,000.00
Christmas - \$2,500.00
Contributing Sponsor - \$1,000.00
Supporting Sponsor - \$500.00
Friends of the Shrine - \$250.00

Payment:
Please send completed form and check (Payable to the National Shrine of Our Lady of the Snows) or credit card information to: Way of Lights Attention: Beth Mertz 442 South DeMazenod Drive Belleville, IL 62223-1023

Payment by Credit Card:

Amount to be charged to credit card: \$ _____

Card Type: VISA MasterCard American Express Discover (Please circle one)

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____
 (As it appears on credit card statement)

Cardholder Signature: _____

Additional Information:

- 1) Please email your logo in either eps or jpg format (300 dpi or higher) to bmertz@snows.org
- 2) Receipt will be sent to you upon request.

Questions? Contact Beth Mertz at 618-394-6425 or bmertz@snows.org

Authorization: By signing below, you confirm your company's commitment to sponsor the Way of Lights on November 17, 2023, through December 31, 2023, at the National Shrine of Our Lady of the Snows, Belleville, IL

 Name & Title (please print)

 Date

 Signature