

Sponsorship Agreement

*REQUIRED INFORMATION OR ATTACH BUSINESS CARD



*Name of Sponsor Organization/Individual (Please print)

*Date

*Name as you wish it to appear in the acknowledgements

*Address

*City

*Zip

*Phone

* Fax

*E-mail

*Sponsor's Contact Name & Title

Web site

Festival Contact Name

Festival Contact Phone

It is our pleasure to be a sponsor of the St. Louis Lebanese Festival 2025 to be held on **Friday September 12, Saturday September 13, and Sunday September 14, 2025 at St. Raymond Maronite Cathedral**. I/We would like to support the Festival with a sponsorship gift of ***Donations will be recognized on a donor list***

\$ _____

- ☐ The Festival has our permission to use our name and logo as described in our sponsorship package.
- ☐ Please keep our donation anonymous and DO NOT use our name or logo in printed materials.
- ☐ Please display my sponsorship – "In Memory of _____".

Sponsor's signature X _____

KINDLY SUBMIT DONATIONS BY AUGUST 29, 2025

Please mail/email your Logo, Agreement & Payment to:
St. Raymond Cathedral
931 Lebanon Dr.
Saint Louis, MO 63104
Patti Simon Carnie
Cell: 314 324 4183
Email: pmsc200@gmail.com
Nancy Elking Stevens
Cell: 314 239 0648
Email: nrcstevens@gmail.com

PAYMENT INFORMATION

☐ Check # _____ enclosed for \$ _____ made payable to:

St. Raymond Maronite Cathedral

☐ Visa

☐ Mastercard

☐ American Express

Card # _____ - _____ - _____ - _____ Exp. Date _____ CVV# _____

Print name as it appears on card: _____

Authorized Signature X _____

☐ Online Giving <https://osvhub.com/straymond-mc/giving/funds>

THE LEBANESE FESTIVAL 2025
Sponsorship Co-Chairs

Patti Simon Carnie 314 324 4183 and Nancy Elking Stevens 314 239 0648

Thank you for your support!

www.StRaymond.MC.org

St. Raymond Maronite Cathedral is a non-profit 501(c) 3 organization. Tax ID #: 43-0653562. Donation gift is tax deductible as allowed by law.

OFFICE USE ONLY

Date Received: _____

Recorded By: _____

Date Paid: _____