



Pride of Baker Marching Band Sponsorship Program
COMMITMENT & INVOICE FORM FOR SPONSORSHIP YEAR:
AUGUST 1, 2026 – JULY 31, 2027

Company Name: _____

Address, City, State, Zip: _____

Contact Person's Name: _____

Contact Person's Phone/Email: _____

YES! I want to support the Baker High School Band at the following level (please check appropriate box):

- | | |
|--------------------|-----------------------------|
| ▪ Platinum Sponsor | \$1,000.00 Minimum - |
| ▪ Gold Sponsor | \$500.00 Minimum - \$999.00 |
| ▪ Silver Sponsor | \$250.00 Minimum – \$499.00 |
| ▪ Halftime Sponsor | \$150.00 Minimum - \$249.00 |

Total Donation : _____

Method of Payment:

Check# _____ (made payable to Baker Band Boosters)

Authorized Signature: _____

Date: _____

Student Member: _____

Contact Number: _____

Mail Completed Form & Payment to: **Baker Band Boosters**
312 Schillinger Rd. South Ste-T #261
Mobile, AL 36608

Please send Sponsor's company logo to: bakerbandboosters@gmail.com

OR you can pay via Paypal Link:



THANK YOU for your support & your generous donation!