CONTACT INFORMATION

Business/Company Name				
wner/Manager First & Last Name		Owner/Manager Phone Number		
Preferred Contact Person – First & Last Name		Preferred Contac	act Person Phone Number	
Preferred E-mail				
Business/Company Address	Соа	City/State	Zip Parent	
Parkview Contact Name – Sign Sold By Name	Doth	er:		
PAYMENT OPTIONS				
Gym Business Sign - \$500 General	Basketball Donatic	n:		
Check (made payable to PBS-Basketball)	Credit Card –	<u>Click here</u> to pay o	online or complete below	
Credit Card Number (Accepted Cards – Maste	rCard Visa Discov	er American Expr	ress)	
Name as it appears on card	Exp. Date	Billing Zip Code	Security Code – 3 or 4 digit	

SIGN ARTWORK REQUIREMENTS

48" H by 48" W, color artwork/logo – high-resolution, EPS preferred Kindly submit by **Friday, November 3, 2023.**

Questions? Contact Kelly Phillpott, Director of Development, at 225-235-1611 or giving@parkviewbaptist.com.