

CONTACT INFORMATION

Business/Company Name				
Owner/Manager First & Last Name		Owner/Manager Phone Number		
Preferred Contact Person – First & Last	Name	Preferred Contact Person Phone Number		
Preferred E-mail				
Business/Company Address		City/State oach 🗌 Player	Zip	
Parkview Contact Name – Sign Sold By	v Name)ther:		
PAYMENT OPTIONS				
Gym Business Sign - \$500	eneral Basketball Dona	tion:		
Check (made payable to PBS-Bask	etball) 🗌 Credit Card	– <u>Click here </u> to pay o	<i>nline or c</i> omplete below	
Credit Card Number (Accepted Cards –	MasterCard Visa Disc	over American Expre	255)	
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.

Please visit <u>www.parkviewbaptist.com/parkviewpartners</u> to reserve your advertising opportunity today! Return completed form to your Parkview Baptist School contact or mail to: Parkview Partners, 5750 Parkview Church Rd, Baton Rouge, LA 70816