CONTACT INFORMATION

Business/Company Name			
Owner/Manager First & Last Name		Owner/Manager Phone Number Preferred Contact Person Phone Number	
Preferred Contact Person – First & Last Nam	ne		
Preferred E-mail			
Business/Company Address		City/State	Zip Parent
Parkview Contact Name – Sign Sold By Nam		ther:	
PAYMENT OPTIONS			
Gym Business Sign - \$500 Gener	al Basketball Dona	tion:	
Check (made payable to PBS-Basketba	II) Credit Card	Pay online	
Credit Card Number (Accepted Cards – Mas	terCard Visa Disco	over American Expr	ess)
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 1, 2024.**

Questions? Contact Kelly Phillpott, Director of Development, at 225-291-2500 ext 117 or giving@parkviewbaptist.com.