



MAKING A DIFFERENCE IN THE AUTISM COMMUNITY

**Website/Radio Show Sponsorship**

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Choose sponsorship term:  6 months on website  12 months on website  
 4 week radio ad  8 week radio ad  12 week radio ad

Type of sponsorship: \_\_\_\_\_

Payment: Amount \$ \_\_\_\_\_  Check #: \_\_\_\_\_  Paypal

*I have read and agree to the terms and conditions of the sponsorship program.*

X \_\_\_\_\_  
(signature)

Please make check payable to:

**Autism Radio  
359 Berkshire Valley Rd.  
Wharton, NJ 07885**

<b>Autism Radio Use Only:</b>	
Date Form / Payment received:	_____
Amount Received:	_____
Actual start date:	_____ End date: _____