



Invoice/Receipt

**DUE AUGUST 20**

**~ September 10 & 11, 2010 ~**

Name of Business: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Contact Name: \_\_\_\_\_

\_\_\_\_\_ We have enclosed a Sponsor check for **\$100.00** (chamber member fee)

\_\_\_\_\_ We have enclosed a Sponsor check for **\$150.00** (non-member fee)

\_\_\_\_\_ We have enclosed a Horse & Carriage Sponsor Check for **\$500.00**

\_\_\_\_\_ We cannot participate but would like to **make a donation to the Art Walk Committee.**

\*\*\*\*\*

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ We are interested in **joining the Delafield Chamber of Commerce and becoming an active member of the Downtown Business Group and their activities.**

**Please mail this invoice and your check by August**

Fall Art Walk Sponsor c/o Delafield Area Chamber of Commerce  
P.O. Box 180171 Delafield WI 53018  
(Please retain a copy of this invoice for your records.)



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