

19th Annual New Jersey Jewish Film Festival March 27 – April 7, 2019

Sponsorship Level (please select):

- Community Partner | \$250
 Lead Community Partner | \$1,000

Please print:

 Organization Name (as it is to appear in marketing materials)

 Contact Name

 Contact Title

 Contact Email

 Contact Direct Phone/Ext.

 Street Address

 City

 State

 Zip

 Organization Web Address

 Organization Facebook Page

Logo:

- I understand that I must send a high-resolution logo via email to **mmiller@jccmetrowest.org** no later than **December 21, 2018**. Preferred formats include EPS, AI or PDF (in vector outlines). JPEG or TIF files must be at least 5" x 5" at 300dpi.

Payment: Total amount enclosed: \$ _____

- A check is enclosed payable to: JCC MetroWest - NJJFF

Please charge to:



 Name of Cardholder

 Card #

 Expiration Date

 CVV

Please return with payment by December 21st. This will allow us to meet the print deadline.

Thank you for your support!

**Sarah Diamond, Director | New Jersey Jewish Film Festival
 973-929-2938 | sdiamond@jccmetrowest.org**