



Individual Sponsorship Form

桜の木のスポンサーになりませんか？

Name: _____

Address: _____

Telephone: _____

E-mail: _____

I would like to contribute:

- | | |
|--|---|
| <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$100 花 Blossom |
| <input type="checkbox"/> \$1,000 森 Forest | <input type="checkbox"/> \$50 蕾 Bud |
| <input type="checkbox"/> \$500 木 Tree | <input type="checkbox"/> \$20 種 Seed |
| <input type="checkbox"/> \$200 枝 Branch | |

This donation is:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> in memory of: | <input type="checkbox"/> in honor of: |
|--|---------------------------------------|

Occasion: _____

- This is a collective donation from the following group:

- Please send certificate of acknowledgement for this donation to (if different from above):

**Please send your check, payable to JAST, to:
 Nashville Cherry Blossom Festival Committee
 c/o Japan-America Society of Tennessee
 P.O. Box 190476
 Nashville, TN 37219**

