ASOLO REP IS AROUND TOWN!
Reach over 100,000 Asolo Rep patrons and donors by joining our exciting business promotional program: ASOLO REP AROUND TOWN

BENEFITS INCLUDE

☐ Program book listing with your business name in the Angel section (100,000 + readership/year).

☐ Your business information and special offer promoted under Corporate Support on Asolo Rep’s website asolorep.org

☐ Listing on a promotional flyer sent to all Asolo Rep donors.

☐ Listed as an Asolo Rep Angel donor on the benefit sheet.

ENROLLING IS EASY

1. JOIN THE ANGEL ASSOCIATION at the $250 Attendant Angel level or higher by filling in the order form on back or by calling Molly Maginn at 941-351-9010 ext. 4704.

2. SELECT A DISCOUNT/BENEFIT That provides an Asolo Rep donor with a current membership card the promoted ARAT discount. Offer must be valid through June 30, 2023.

3. ENSURE THAT your front line employees are aware of the promotion.

QUESTIONS? Contact Molly Maginn | 941-351-9010 ext. 4704 | Molly_Maginn@asolo.org
ASOLO REP AROUND TOWN!

APPLICATION
Please fill out information and mail to: Asolo Rep, 5555 N. Tamiami Trail, Sarasota FL 34243 or email information to: Molly_Maginn@asolo.org.

Name of Business ________________________________________________________________

Contact Person ________________________________________________________________

Position/Title ________________________________________________________________

Business Address _____________________________________________________________

City ___________________________ State ___________ Zip _________________

Phone ___________________________ Fax ______________________________

Email ________________________________________________________________

Website ________________________________________________________________

Discount/Promotion for Cardholders _____________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Payment Amount _____________________________________________________________

☐ Attached is my check payable to Asolo Rep

☐ Please charge my credit card

Card # ___________________________ Expiration Date ___________________________

Signature ___________________________________________________________ CCV* (required) __________

*Visa, MC and Discover: the last three digits in the signature line on the card back. AMEX: the extra four digits on card front.