

# BE PART OF TRIANGLE HISTORY!

## JOIN US AS AN UNDERWRITER FOR THE **MURPHEY SCHOOL RADIO SHOW**

**SATURDAY, NOVEMBER 9, 2019 SHOWS AT 3PM & 7PM**  
WITH A TAX-DEDUCTIBLE DONATION OF ONLY \$ 500.



Proceeds from this all-volunteer event will benefit an essential nonprofit organization in our community: EL FUTURO, a volunteer outpatient clinic that provides comprehensive mental health services for Latino families.

As an event sponsor, (\$500),

- you will receive an original JINGLE about your business or organization, produced and performed live by our talented cast
- you will have two (2) complimentary tickets to the show of your choice (matinee or evening)\*
- your business name will appear in all print, press releases, e-newsletters and social media
- your business will have an active link on the Murphey School Radio Show website
- special mention in announcements during the matinee and evening live stage performance

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Your donation to SHARED VISIONS FOUNDATION is tax-deductible and will help many of our Latino neighbors.

Please complete the next page and return with your check payable to

**Shared Visions Foundation, Inc.**

**2115 Homestead Road**

**Chapel Hill, NC 27516**

Sponsorship payment deadline: NOVEMBER 1, 2019

For more information, Donna Campbell 919.656.7407  
Karen Wells 919.749.9309

[dcmorrow@gmail.com](mailto:dcmorrow@gmail.com)  
[akwells49@gmail.com](mailto:akwells49@gmail.com)

The Murphey School Radio Show is a program of the Shared Vision Foundation, a registered 501(c)(3) corporation in the State of North Carolina #56-2254231.  
[www.murpheyschoolradio.net](http://www.murpheyschoolradio.net)

**PLEASE RETURN THIS FORM WITH YOUR CHECK**

\_\_\_ YES, I want to be part of Triangle History as a Sponsor of the Murphey School Radio Show.

Enclosed is payment (check) in the amount of \$ \_\_\_\_\_

payable to:

**SHARED VISIONS FOUNDATION, INC.**

Mail to:

**Shared Visions Foundation, Inc.**

**2115 Homestead Road**

**Chapel Hill, NC 27516**

\*Names of two (2) guests for complimentary tickets (please provide by November 1)

1) \_\_\_\_\_

2) \_\_\_\_\_

Which show? \_\_\_ 3pm \_\_\_ 7pm

Your Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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