



ART WALK VENDOR CONFIRMATION

Thank you for supporting Downtown's signature monthly event.

<input type="radio"/> Business - \$250/mo	<input type="radio"/> Non-profit - \$50/mo	<input type="radio"/> Other (Please indicate amount):
Participating Art Walk month(s):		

Name:		Date:
Company:		
Street Address:		
City:	State:	Zip:
Email:		Title:
Phone:		

- Invoice Me**
- Check** Make payable to Downtown Vision Alliance
- Credit Card** Charge my: Visa Master Card American Express

Name on Card:	Billing Zip Code:
Card No.:	Exp. Date: / Security Code:
Signature:	

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