

SPONSORSHIP COMMITMENT FORM



Return this form via mail or email to:
carol@lowellmakes.com or mail using
the self addressed envelope no later than
February 27th, 2026.

April 11, 2026
10 AM - 5 PM



Lowell Makes
130 Western Ave
Lowell, MA 01851

SPONSORSHIP LEVELS:

(Please Check One)

Entrepreneur \$500 ☐

Professional \$250 ☐

Maker \$100 ☐

Donation Only \$_____ ☐

DONOR INFORMATION

Company Name (to be used on all media) _____

Primary Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Website: _____

PAYMENT INFORMATION

☐ CHECK ENCLOSED
payable to Lowell
Makes and in memo
please put
SkillShare 2026 Sponsor

☐ VENMO
please use
@Lowellmakes and
put in the notes for
SkillShare2026 Sponsor

☐ CASH or CARD
please contact
carol@lowellmakes.com
for payment instructions

Please fill out and return this form no later than Feb 27th

*Upon receipt of this completed form, a confirmation letter and summary
of benefits will be sent to the primary contact listed on this form.*