Sponsor a Day
@ Door County Maritime Museum

The Door County Maritime Museum invites you to sponsor a day of Museum operations. A wonderful way to honor a loved one, recognize a special occasion or promote a business, while supporting our mission to celebrate Door County’s maritime history.

PROGRAM BENEFITS

$250

- Recognition at all three museum locations:
  - Sturgeon Bay, Cana Island Lighthouse and Death’s Door Maritime Museum
  - Recognition on our social media channels - #dcmaritime
  - Vinyl decal to proudly display your support
  - Original copy of the recognition display

920.743.5958  dcmm.org  info@dcmm.org  # dcmaritime
For five decades, the Door County Maritime Museum has educated and entertained the public while working to preserve and celebrate the rich maritime history of Door County and the Great Lakes. The Museum operates three locations, including the Door County Maritime Museum along the working waterfront in Sturgeon Bay; the iconic Cana Island Lighthouse in Baileys Harbor; and the Death’s Door Maritime Museum in Gills Rock. As one of northeast Wisconsin’s top tourism destinations, attracting 70,000 visitors annually, the Door County Maritime Museum serves as a resource for all 72 counties in Wisconsin.

Your $250 Sponsor a Day contribution to the Door County Maritime Museum helps to build a sustainable future as we develop new exhibitions, preserve our permanent collection, create educational programming and celebrate our shared maritime history. With your financial support, we will continue to tell the stories of the Door County community for many decades to come.

REQUESTED DAY:  SPONSORED BY (NAME OR BUSINESS):

SPONSORSHIP WORDING:

WORDING IDEAS:

- In loving memory of Uncle Joe, who taught me to sail.
- In honor of my sister’s birthday. Happy Birthday Annie!
- “Your company’s slogan”
- In honor of Jack & Jill’s 40th Wedding Anniversary. Congratulations!
- Sponsored by an anonymous friend of the Museum.
- In honor of the volunteers and staff of the Door County Maritime Museum.

CONTACT INFORMATION

☐ MR.  ☐ MRS.  ☐ MS.  ☐ DR.  ☐ OTHER

NAME:

MAILING ADDRESS:

CITY:  STATE:  ZIP:

PHONE:

EMAIL:

PAYMENT INFORMATION

☐ CHECK (payable to DCMM)

☐ MC ☐ VISA ☐ DISC ☐ AMEX

CARD #:

EXP:  CSC (3-DIGIT SECURITY CODE):

SIGNATURE  DATE

FOR OFFICE USE ONLY

CHARGE INVOICE:  BATCH:  CHARGE DATE:

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