



Hamilton-Wenham Community Access And Media, Inc.

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Hamilton, Ma 01982
978-468-1320
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SPONSORSHIP APPLICATION

Name(Contact): _____ Organization (if applicable): _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

DONOR ACKNOWLEDGEMENTS

While commercial advertising is not permitted on the access channels, HWCAM requires that programs acknowledge all support received from businesses, foundations, or other sources. Producers shall acknowledge donors with announcements similar to those seen on PBS stations. Announcements may include the donor's name, logo, and up to a 15 word description. The announcement may not be displayed longer than 10 seconds. Prohibited are direct sales talk, marketing, or "calls to action" which disclose specific products on sale.

The description may:

1. include product line or services, location, phone number and website;
2. identify but not promote the donor - it must be value neutral, and not include comparisons or quality judgments ("best pizza in town", "lowest prices", "delicious food");
3. mention particular products only if necessary for identification purposes. (For example, "Computerland, authorized dealer of IBM computers", but not "Star Market, this week featuring a sale on Maxwell House coffee".)

Donors shall be acknowledged only at the beginning and end of programs, with the following exceptions:

1. during programs longer than one hour, announcements may be made during natural breaks, e.g. half-time of a game;
2. acknowledgement of donated prizes may be made when the prize is given away, e.g., "We're about to give away a Turkey donated by Victory Supermarket." Incidental depiction of a donor's logo or advertising should be avoided, e.g., a camera should not zoom in on signs. Commercial providers of products and services used in a program's production may be credited at the end of a program.

Such credits can include the product and service, such as "Costumes provided by..." and otherwise must follow the rules for displaying a commercial underwriting credit listed above.

I understand and accept the above conditions of HWCAM sponsorship:

SIGNED _____ DATE _____

On behalf of the Organization (if applicable): _____

Staff Use Only

Received by _____ Date Entered _____

Amount Received _____ Check # _____