



PARTNERSHIP / SPONSORSHIP AGREEMENT

Organization Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contacts Email: _____

Website: (URL we will link to) _____

PARTNERSHIP SELECTIONS
(Only the Champion level gives exclusivity to event choice)

Champion - \$2,500 Supporter - \$1,200 Major Event - \$500

Guardian - \$1,800 Advocate - \$700 Program - \$250

Major Event or Program Choice: _____

Lobby Display Case Month (Champion Level Only): _____

Partnership Start Date: _____ Partnership Renewal Date: _____

PAYMENT INFORMATION

Payment Method:

Check # _____ (Payable to PHRPD) Visa / Mastercard / American Express / Discover

Card # _____ Exp. Date: _____ Security Code: _____

Signature: _____ Today's Date: _____

I, _____ have read the Partnership/Sponsorship guidelines and agree to comply with all the conditions associated with the partnership/sponsorship.
Signature: _____ Date: _____