

Corporate Partner Agreement

|  |  |
| --- | --- |
| Business Name: |  |
| Contact Person: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| Website: |  |
| Date: |  |

**Partnership Levels:**

|  |  |
| --- | --- |
|  |  |
|  | $ 250 |

Payment options:

|  |  |
| --- | --- |
|  | Cash/Check enclosed  |
|  | Credit card (Discover, Visa, Mastercard) |

|  |  |
| --- | --- |
| Credit Card Number: |  |
| Expiration date: | \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ CSS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total amount: | $ |

Please make checks payable to:

PWF

P.O. Box 1762

Lexington, KY 40588

* Partnership term is for one year from date the sponsorship payment is received.