



## Corporate Partner Agreement

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Date: \_\_\_\_\_

### Partnership Levels:

\_\_\_\_\_ Diamond - \$1,500

\_\_\_\_\_ Sapphire - \$ 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.