



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.