

Wellness Council of Wisconsin 2009 Partners of Support Contribution Pledge Form

Company Name: _____

Company Address: _____

Company Representative: _____

Title: _____

Representative Phone Number: _____

Representative Email Address: _____

Please check the appropriate box:

- Platinum - \$6,000**
- Gold - \$3,000**
- Silver - \$1,000**
- Bronze - \$500**
- Please notify me if a higher level sponsorship becomes available.**

Please indicate your preferred payment arrangement:

- Please send me an invoice to be paid by December 31, 2008.
- Please send me an invoice to be paid by January 31, 2009.
- Check enclosed payable to the Wellness Council.

Please mail this form to: 2009 Partners of Support Campaign
Wellness Council of Wisconsin
1442 N. Farwell Ave., Suite 300
Milwaukee, WI 53202-2913

The Wellness Council is a 501(c)3 tax exempt corporation; EIN: 39-1576782.

Thank you for your support!

