

2022 WCWI PARTNER SPONSORSHIP PLEDGE FORM

Company _____

Address _____

Name _____

Title _____

Phone _____

Email _____

THANK YOU FOR YOUR SUPPORT

Select your preferred sponsorships:

- Invested Advisor | \$6,000
- Vision Champion | \$4,500
- Community Supporter | \$2,000
- Virtual Member Enrichment | \$1,000
- Contribute to WCWI's 2022 Membership Fund for Employers Experiencing Financial Hardship | \$600
- Please notify me about 32nd Annual Employee Wellbeing Conference Sponsorship opportunities in 2022.

Select your preferred commitment level:

- I commit to a 2-year sponsorship.
(January 2022—December 2023)
- I commit to a 1-year sponsorship.
(January 2022—December 2022)

Select your preferred payment date:

- December 31, 2021
- January 31, 2022
- February 28, 2022

WCWI will send an invoice to be paid by the selected date. Payments are accepted via check, EFT, credit card.

Please send this completed form and check payment to:

Mail: Wellness Council of Wisconsin (WCWI)
PO Box 524
Brookfield, WI 53008-0524

Email: mkalkman@wellnesscouncilwi.org

Questions:

Contact Marissa Kalkman, Executive Director: mkalkman@wellnesscouncilwi.org
Alternative email contact: wci@wellnesscouncilwi.org

2021 Partner Sponsors receive first right of refusal.