

2013 SPONSORSHIP CONTRACT

Edmond Area Chamber of Commerce, 825 East Second Street, Suite 100, Edmond OK 73034
Contact: Sherry Jordan, (405) 341-2808, Fax: (405) 340-5512, sjordan@edmondchamber.com

Sponsor

Company – _____

Authorized Representative _____

Title _____

Signature _____

Address _____

Phone _____

City _____ State _____ Zip _____

Email _____

Event

Name of Event - _____

Sponsor Level: Presenting Sponsor Gold Sponsor Silver Sponsor
 Bronze Sponsor Other _____

Month (if applicable) – _____

Instructions _____

Amount - \$ _____ Check Cash Credit Card

Payment

Check Cash American Express Discover MasterCard Visa

Make checks payable to Edmond Area Chamber of Commerce

Credit Card No. _____ Exp Date _____

Signature _____

Sold By

Volunteer's Name _____

_____ Date _____

Chamber Action

Date of Confirmation _____

Chamber Official _____