



Annual Sponsor Program Registration Form

Please register our company for the following sponsorship:

_____	Platinum Sponsorship	\$20,000
_____	Gold Sponsorship	\$10,000
_____	Silver Sponsorship	\$5,000
_____	Bronze Sponsorship	\$2,500
_____	Patron Sponsorship	\$1,000

Company Name: _____

Primary Contact: _____

Address: _____

Phone: _____ Website: _____

E-mail address for primary contact: _____

Company Name to appear on signage:

Payment Method: ___ Check enclosed ___ MasterCard ___ Visa ___ American Express

Card # _____ Exp. Date _____

Billing address including zip code _____

Please invoice: Once ___ Monthly ___ Quarterly ___

Signature _____

Return this completed form, along with an electronic copy of your company logo to:

lcoker@pcmala.org , or if returning via mail,
P&CMA
P.O. Box 231659
Montgomery, Alabama 36123-1659
Fax: 334-272-3837