

The Women's Wellness Summit Sponsorship Contract



Date _____

Company/Individual Name _____

Title _____

Address _____

City/State/Zip _____

Email _____

Phone Number _____

PERSON TO RECEIVE ALL BENEFIT INFORMATION (if different from information above):

NAME (Please type or print name EXACTLY as it should appear in JLEP publications, signage, and other printed materials)

Address _____ City/State/Zip _____

I (We) decline all benefits

I (We) prefer to be listed as an Anonymous Donor.

Sponsor and donor recognition in JLEP print materials are subject to a print deadline of 2/6/2023

SPONSORSHIP LEVELS

Please refer to Sponsorship Levels and Benefits for details about each sponsorship level.

Champion (\$10,000)

Leader (\$5,000)

Partner (\$2,000)

Advocate (\$1,000)

Promoter (\$750)

Other Amount \$ _____

PAYMENT INFORMATION



THE WOMEN'S WELLNESS SUMMIT
By the Junior League of El Paso, Inc.



Donation Amount:

CASH \$ _____

IN-KIND: \$ _____

Payment Method:

- Invoice
- Check made payable to: Junior League of El Paso, Inc.
- Please charge credit card (circle): Visa MasterCard

Name on card: _____
 Card Number _____
 Expiration Date: _____ Billing Zip Code: _____
 Security Code: _____

Authorized Sponsor Signature: _____ Date: _____
 JLEP Representative Signature: _____ Date: _____
 JLEP President's Signature: _____ Date: _____

The Junior League of El Paso, Inc. is a charitable non-profit organization under Section 501(c) (3) of the Internal Revenue Code. Your contribution is tax deductible to the extent provided by law.

Thank you!
We appreciate your support!

<i>For Office Use only:</i>	<input type="radio"/> In-Kind	<input type="radio"/> Cash General	<input type="radio"/> Cash Specific
	<input type="radio"/> Committee/Sub-Committee		