

The Women's Wellness Summit Sponsorship Contract



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



JUNIOR LEAGUE OF
EL PASO

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 April 30, 2022.

SPONSORSHIP LEVELS

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

Platinum Summit (\$10,000)

Gold Crown (\$5,000)

Silver Apex (\$2,000)

Bronze Peak (\$1,000)

Pinacle (\$750)

Other Amount \$ _____

PAYMENT INFORMATION



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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!

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