## EVENTS SPONSORSHIP PLEDGE FORM

## **Sponsorship Levels**



## EVENTS SPONSORSHIP PLEDGE FORM

COMPANY NAME 🛦				
COMPANY ADDRESS A	CITY		STATE	ZIP
CONTACT NAME A	CONTACT PHONE			
CONTACT EMAIL 🛦				
□ 1. BILL ME	AMOUNT to bill	\$:		
	Please bill me:	□Now □ Starting in mor	nth:	
□ 2. CREDIT CARD (AmEx, Discover, MasterCard, Visa)	AMOUNT to bill	\$:		
	Please charge me	: □Now □ Starting in mor	nth:	
	Card #:		Exp. Date:	CVV:
□ 3. CHECK (Enclosed & made payable to United Way)	CHECK #:	CHECK [	)ATE:	

For more information contact Melissa Dracup at 505-245-1754 or Melissa.Dracup@uwncnm.org.

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