



WISE COUNTY
CHAMBER OF COMMERCE

*Our Mission is to welcome, unite and promote businesses to
enhance the quality of life in the region.*

2017 ANNUAL EVENT SPONSORSHIP INVESTMENT

Company Name: _____ *Today's Date:* _____

Office Phone: _____ *Office Fax:* _____

Physical Address: _____ *City:* _____ *Zip:* _____

Primary E-Mail Address: _____ *Website:* _____

Mailing Address: _____ *City:* _____ *Zip:* _____

Primary Contact: _____ *Title:* _____ *Cell:* _____

Facebook Page: _____

Annual Investment: \$ _____ *Sponsorship Level:* _____

TOTAL INVESTMENT: \$ _____

Check Enclosed: _____ *or Credit Card: Visa:* __ *MC:* __ *AMEX:* __ *Discover:* __ *CVN:* _____

Credit Card Number: _____ *Expiration:* _____

Authorized Signature: _____ *Date:* _____

*See attached information for complete details on each event sponsorship opportunity.
Checks payable to: Wise County Chamber of Commerce*

Your investment covers a one-year sponsor partnership. Event Sponsorship investment is a tax-deductible business expense.