



*Brevard County Association for  
Women Lawyers*



## *Sponsorship Agreement*

Organization name \_\_\_\_\_

(as it should appear in meeting materials and on signage) PLEASE PRINT LEGIBLY

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail\* \_\_\_\_\_

Authorized signature \_\_\_\_\_

\*(E-mail address needed for confirmation)

Please Check the Level of Sponsorship:

Yearly

Diamond

Ruby

Sapphire

Emerald

## *Method of Payment*

Complete and return signed agreement with payment in full to: Brevard County Association for Women Lawyers, P.O. Box # 411506, Melbourne, FL 32941. Make checks payable to BCAWL.

Amount enclosed \$ \_\_\_\_\_

Check enclosed (Make check payable to BCAWL)

MASTERCARD     VISA     DISCOVER     AMEX

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Cardholder name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

\*Processing Fees will apply

**A confirmation will be e-mailed to you acknowledging receipt of payment  
and to confirm sponsorship.**

Office Use Only

Date Received \_\_\_\_\_

Amount \$ \_\_\_\_\_

Confirmation Letter sent on \_\_\_\_\_

By \_\_\_\_\_