

# SUPPORTNY

## CORPORATE MEMBERSHIP SPONSORSHIP PROGRAM

### Payment Form

Please complete the information below:

Company Name\* \_\_\_\_\_

Address \_\_\_\_\_

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

Company Web site \_\_\_\_\_

Company Marketing Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

***\*If company is a licensed New York State insurance carrier wishing to participate in the New York First program, please provide the following:***

NY First Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Sponsorship Pledge of Support** \$ \_\_\_\_\_ Sponsors listed in order of sponsorship amount.

Chair of the Board \$15,000 | Platinum \$10,000 | Gold Level \$7,500 | Silver Level \$5,000 | Friend \$2,700

Approval Signature: \_\_\_\_\_ Title \_\_\_\_\_

Please invoice – payment due 30 days from invoice date.

Payment enclosed:

Check (made payable to Big I New York)

American Express  MasterCard  Visa  Discover Amount to be charged: \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card (please print): \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Please email your company logo to Kim Keville and fax this completed form to 315-446-2749 or mail with your check to:



Big I New York  
Kim Keville - Support New York  
5784 Widewaters Parkway, 1st Floor  
Dewitt, NY 13214

Contact Christine Neet with any questions: [cneet@biginy.org](mailto:cneet@biginy.org) or 315-432-4231