

SUPPORTNY

2019

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 \$2,500

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:



NEW YORK

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

Contact Jamie Deapo with any questions
jdeapo@biginy.org or 315-432-4232