



MEQUON-THIENSVILLE CHAMBER OF COMMERCE

**25TH ANNUAL GOLF CLASSIC
SPONSORSHIP FORM**

Monday, June 4, 2018

River Club of Mequon

Title Sponsors:



PAYMENT INSTRUCTIONS: Please provide your payment information and mail this form or invoice and payment to: M-T Chamber, 6331 W. Mequon Road, Mequon, WI 53092. Requested invoices / receipts will be sent to the primary contact at the email address provided.

Payment Amount \$_____ Method of payment: Check Enclosed Request Invoice Request Receipt

AMEX Visa Mastercard Discover Name on Card _____ Exp. Date ____/____
Credit Card # _____ Sec. Code _____ Call in Credit Card number at 262-512-9358 if preferred.

Sponsorship information is required with payment and may be mailed to M-T Chamber, 6331 W. Mequon Road, Mequon WI 53092, faxed to 262-512-9359 or emailed to info@mtchamber.org. **Please provide the following information:**

Company Name (as it will appear on event recognition) _____

Primary Contact Name _____ **Email** _____ **Phone** _____

The Chamber office *may* require your company's logo for marketing and promotional purposes. Please submit your company logo in jpeg format (no larger than 180 pixel width or height and no larger than 300kb) to info@mtchamber.org OR provide the following information:

Marketing Contact Name _____ **Email** _____