



2022 WTS Wisconsin Chapter Corporate Partnership Form

Yes! Our company would like to support the WTS Wisconsin Chapter!

Company Name _____

Address _____

City, State, Zip _____

Contact Name _____

Phone _____

Email _____

Partnership Level:

Champion \$1,000

Guardian \$750

Advocate \$500

In-Kind Donation: _____

Enclosed is our check payable to **WTS Wisconsin Chapter**

All contributions are deductible to the full extent of the law.

Signature _____ Date _____

Please complete this form by **January 24, 2022 to be included in all 2022 event promotion.**
Send check payable to WTS Wisconsin Chapter

Mail to: WTS Wisconsin Chapter
 Amelia Retrum
 N122W5790 Sheboygan Road
 Apt 209
 Cedarburg, WI 53012

To pay online, visit:

<https://events.r20.constantcontact.com/register/eventReg?oeidk=a07eiyekp109ab002d4&oseq=&c=&ch=>