

2021 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 **April 16, 2020**
Send check payable to WTS Wisconsin Chapter

Mail to: WTS Wisconsin Chapter
Amelia Retrum
N124W5780 Sheboygan Road
Apt 208
Cedarburg, WI 53012

To pay online, visit: <https://www.wtsinternational.org/chapters/wisconsin/corporate-sponsors>