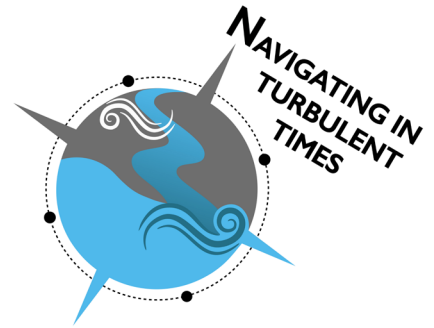


SPONSORSHIP APPLICATION



SPONSOR NAME: _____

(Please provide sponsor name as you would like it to appear on the platform & in materials)

SPONSORSHIP LEVEL:

Level	Amount
<input type="checkbox"/> Lead (\$5,000+)	_____
<input type="checkbox"/> Sustaining (\$2,500-4,999)	_____
<input type="checkbox"/> Supporting (\$1,000-2,499)	_____
<input type="checkbox"/> Contributing (\$500-999)	_____
<input type="checkbox"/> Exhibiting (\$300-499)	_____
<input type="checkbox"/> Individual Sponsorship (\$150+)	_____
<input type="checkbox"/> Non-profit/educational (\$150+)	_____

**INTERESTED,
BUT NOT READY TO COMMIT?
QUESTIONS?
IDEA YOU'D LIKE TO RUN PAST US?**

LET'S TALK!

CONTACT US AT
wiwaterweek@wisconsinlakes.org or
608.661.4313
to set up an appointment!

CONTACT PERSON:

NAME: _____ **TITLE:** _____
EMAIL: _____ **PHONE:** _____
ADDRESS: _____

PAYMENT INFORMATION:

- Check enclosed (payable to Wisconsin Lakes)
- Please invoice me
- Please charge my Visa or Mastercard:
- Name on card: _____

Send Form & Check to:
Wisconsin Lakes
PO Box 7723
Madison WI 53707

Card #: _____ Billing address (if diff from above): _____
Exp Date: _____ Sec Code: _____