



2021 ANNUAL PARTNERSHIP COMMITMENT FORM

Company Name

Contact Person:

Email Address:

Phone Number:

Address:

City/State/Zip:

2021 PARTNERSHIP LEVEL

- \$10,000 Premier Partnership
- \$5,500 Featured Partnership
- \$2,750 Supporting Partnership

Email address for Partnership Promo Codes:

Please select from the following:

- My 2021 partnership package check made payable to ABC Western Michigan is enclosed
- Please charge my credit card (*3% processing fee will be applied*)

Credit Card Number: _____

Expiration Date: _____ SEC: _____

Billing Address w/zip Code: _____

Name: _____

Please mail or email completed form and payment to:

ABC Western Michigan
2515 Alpine Ave NW, Suite C
Grand Rapids, MI 49544
jschottke@abcwmc.org