

# PARTNERS IN TRUST

I support the Partners in Trust Program of the Charlottesville Regional Chamber of Commerce and agree to a one year commitment at the level indicated. I understand the program commitment is in addition to my annual membership dues. \_\_\_\_\_ The one-year commitment begins on the first business day of \_\_\_\_\_

Initial

Month / Year

## Partnership Levels

\$1,000 \*     \$5,000     \$10,000     \$15,000     \$20,000     \$50,000

\* for members with fewer than ten full-time employees

## CONTACT INFORMATION:

Company: \_\_\_\_\_

Authorized Contact: \_\_\_\_\_

First

Last

Job Title

Address: \_\_\_\_\_

Street

City

State

Zip

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## PAYMENT INFORMATION:

Full Payment (Annually)     Semi-Annually

Send an invoice to the address above, Attn: \_\_\_\_\_

Payment is enclosed (make checks payable to Charlottesville Regional Chamber of Commerce)

Charge my     VISA     Master Card     American Express

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ V Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card  
Billing Address: \_\_\_\_\_

Street

City

State

Zip

## REQUIRED SIGNATURES:

Authorized Company Representative / Title: \_\_\_\_\_  
Date

Authorized Chamber Representative / Title: \_\_\_\_\_  
Date

Upon enrollment please send a logo image (.jpg or .png) to [annmarie.hohenberger@cvillechamber.com](mailto:annmarie.hohenberger@cvillechamber.com)

