

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 ten or fewer 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

