



2019 Cape Fear CREW Sponsorship Agreement

Sponsor Name: _____
(As you would like it listed in event materials)

Authorized Contact: _____

Billing Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Sponsorship Level - Fiscal: _____

Sponsorship Category: _____

Event Date: February 28, 2019
Location: Wilmington Convention Center

METHOD OF PAYMENT:

Make checks payable to Cape Fear CREW

or

Please charge my: VISA MASTERCARD

Credit Card Number: _____

Exp. Date ____/____

CVV Code: _____

Sponsor Signature

Date

PLEASE RETURN TO:

Cape Fear CREW
PO Box 4511
Wilmington, NC 28406
Email: info@capefearcrew.org