

Partnership Information

Company Name _____

Listed Partner Name (if different) _____

Contact Person _____ Phone _____

Contact Email Address _____

Mailing Address _____

City _____ State _____ ZIP _____

Rotarian member that contacted you: _____

Digital Art (logo) - **PLEASE ATTACH TO EMAIL ALONG WITH THIS FORM**

Digital Art Contact Person _____ Email _____

Partnership Levels			
<i>Required: Please select the sponsorship level you are providing.</i>			
	Diamond	Over \$2,500	Amount _____
	Gold	Up to \$2,500	Amount _____
	Silver	Up to \$1,000	Amount _____

Agreement

By signing below, I agree to partner with the **Rotary Foundation of Camas-Washougal**.

Authorized Signature _____ **Date** _____

Please mail this agreement with a check payable to Rotary Foundation of Camas-Washougal to:

Rotary Club of Camas-Washougal
 PO Box 716
 Camas, WA 98607