

WOMEN'S INNOV	ATION GROUP – SPONSOR & PAR	TNER A	APPLICATION		
	SPONSOR & PARTNER INFORMATION				
Business Name:					
Business Address:					
Phone:	E-mail:	Fax:			
City:	State:	ZIP Code:			
Contact Name: Contact		Contact Ti	ontact Title:		
Contact Department:					
	PROFESSIONAL RESOURCES NEEDED				
Area/Department:	Circle Below	Contact Phone:			
	Contractor or Staff Augmentation				
	Contractor or Staff Augmentation				
SUPPORT & DONATIONS					
Level 1 [\$2,500]	Level 2 [\$5,000]	Level 3 [\$10,000]			
** Note: Women's Innovation Group is an approved 501c3 ** Make All Checks Payable to: Women's Innovation Group					
	SIGNATURE				
	pplication is true and by signing I agree to the terms and contained on this application is expressly used for an ann members of WIG.				
Print Authorized Name:			Date:		
Authorized Signature:					

Level	Privileges	Fee
1	Sponsorship entitled to:	\$2,500
	Corporate Logo on website	
2	Sponsorship entitled to:	\$5,000
	Corporate Logo on Website	
	 Spotlight on our social media platforms 	
	Opportunity to Network with Members	
3	Sponsorship entitled to:	\$10,000
	Corporate Logo on Website	
	 Spotlight on our social media platforms 	
	Opportunity to Network with Members	
	 Opportunity to present at one of our workshops 	

Make checks payable to: **Women's Innovation Group**

For Questions Email: <u>info@wigillinois.org</u>
Mail Checks To: 2328 Glenwood Dyer Road Lynwood, Illinois 60411