

SAMPE Corporate Partner Program

Date _____

Company Name _____ Contact _____

Address _____

Phone Number _____ E-Mail _____

Level of Partnership Desired

Diamond Level Partnership

Diamond level partnership is available for a minimum donation of \$20,000 (Includes 10 (ten) SAMPE memberships)

Platinum Level Partnership

Gold level partnership is available for a minimum donation of \$5,000 (Includes 5 (five) SAMPE memberships)

Gold Level Partnership

Gold level partnership is available for a minimum donation of \$2,500. (Includes 4 (four) SAMPE memberships)

Silver Level Partnership

Silver level partnership is available for a minimum donation of \$1,500. (Includes 3 (three) SAMPE memberships)

Payment Options

Payment: (US Funds Only) Check Visa MC AmEx Discover

Credit Card # _____ Exp _____

Name as it appears on card _____ Security Code _____

Signature of Cardholder _____

For questions and/or comments:

Patty Hunt Phone: +1 805.657.6571

Email: sampeads@aol.com

Mail or E-mail invoice and payment information to:

SAMPE, 21680 Gateway Center Drive, Suite 300 • Diamond Bar, CA 91765

Attn: Patty Hunt

E-mail: sampeads@aol.com

Please list your employees information on the following page for their complimentary membership.

Corporate Partner fees at all levels are billed annually.

For SAMPE use only

Date payment received _____ Partnership expiration date _____

Accepted by (SAMPE) _____ Date _____

Please fill in all pertinent sections completely.

Last _____ First _____ Middle _____

Company _____ Job Title _____

Company Address _____ Dept/MS _____

City _____ State _____ Zip _____ Country _____

Home Address _____

City _____ State _____ Zip _____ Country _____

What address would you like SAMPE material mailed to: Company Home

Phone _____ E-Mail _____

Last _____ First _____ Middle _____

Company _____ Job Title _____

Company Address _____ Dept/MS _____

City _____ State _____ Zip _____ Country _____

Home Address _____

City _____ State _____ Zip _____ Country _____

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Last _____ First _____ Middle _____

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Company Address _____ Dept/MS _____

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