



Advancing Women in Transportation
Greater New York Chapter

2010 Corporate Partnership Program

My company will participate in the Greater New York Chapters' 2009 Corporate Partnership Program. We would like to support the Chapter at the following level:

FULL YEAR

Chairman	Executive	President	Associate	W/M/SBE Partners
\$5,500	\$4,000	\$3,000	\$2,000	\$750

PARTIAL YEAR

Chairman	Executive	President	Associate	W/M/SBE Partners
\$3,000	\$2,000	\$1,500	\$1,000	\$500

Please complete the information below and return this form with your contribution:

Corporate Partner Identification (for display board, website, newsletter)

Company Name: _____

Contact Information:

Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

Marketing Contact (Newsletter Ad and Profile):

Name: _____ **Phone:** _____ **E-Mail:** _____

Payment Type	MasterCard	Visa	American Express
Card Number	_____		Exp _____
Name on Card	_____		
Authorized Signature	_____		

Please make check payable to WTS-GNY Chapter.

Please remit to:
WTS-GNY Chapter
Attn. Corporate Partnership Program
P.O. Box 989
New York, NY 101 16-0989