**2025 Agency Partnership Program
INVOICE / Commitment Form**

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| --- | --- | --- | --- |
| Contact:  |  | Title: |  |
| Agency: |  |
| Address: |  |
| City: |  | Zip:  |  |
| E-Mail Address: |  |
| Telephone (direct): |  |
|  |  |
| **2025 Partnership Level** *(Choose one – see Benefits Summary sheet)* |
| ⬜ | Diamond – $4,500 |
| ⬜ | Ruby – $3,000 |
| ⬜ | Emerald – $1,500 |
|  |  |

Please email the following items to **Rachael Keish (****rachael@keishenv.com****) and cc:** **Admin@keishenv.com**:

1. This Completed Agency Commitment form
2. High-resolution, electronic file of agency logo
3. Names and email address of individuals who will be WTS members as a part of the Agency Partnership Program (new members only, i.e., has not been a WTS member for the previous 12 months)

Check made payable to:

***WTS San Francisco Chapter***

1714 Franklin St. #100-146

Oakland, CA 94612 - 3409