



SPONSORSHIP FORM

FIRST NAME: _____ LAST NAME: _____

BUSINESS NAME: _____

BILLING ADDRESS: _____ CITY/STATE/ZIP: _____

If paying this sponsorship on behalf of another, please indicate the name:

This sponsorship should be attributed to: _____

PAYMENT INFORMATION

Enclosed is my sponsorship check in the amount of: \$ _____ (Payable to Vermont Association of REALTORS)

Please charge my credit card in the amount of: \$ _____

Please select card: _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

Name on Card: _____

Billing Address (St., City, State, Zip): _____

Card #: _____ Exp. Date: _____ Security #: _____

Cardholder Signature: _____

Please submit this form, along with payment, to: Vermont Association of REALTORS, 148 State St., Montpelier, VT 05602. For questions, please contact Katrina at (802) 229-0513 or at katrina@vermontrealtors.com.

