

# Corporate Partner Program Confirmation

**Company Name** (to be used in all publicity and recognition publications):

## Company Contact Person

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Company Executive to receive Belle Camp Membership

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Family members to receive membership cards:

|             |            |             |            |
|-------------|------------|-------------|------------|
| Name: _____ | DOB: _____ | Name: _____ | DOB: _____ |
| Name: _____ | DOB: _____ | Name: _____ | DOB: _____ |
| Name: _____ | DOB: _____ | Name: _____ | DOB: _____ |

## Corporate Partner Level:

\$25,000      \$10,000      \$5,000      \$2,500      \$1,000

## Payment Information

Check Enclosed (Payable to Bellingrath Gardens and Home)

Visa      Mastercard      Discover      American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

## Please send Partner Program information & renewal information to:

Company Contact      Company Executive      Both

## Please return with Company Logo artwork to:

**Bellingrath Gardens and Home, Membership Office**

12401 Bellingrath Gardens Road • Theodore, AL 36582

251-973-2217 • [www.bellingrath.org](http://www.bellingrath.org)