



## PCHA SPONSORSHIP PROGRAM

Sponsor Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

*By signing this form, I am committing to being a PCHA sponsor for the following:  
\_\_\_\_\_ and receive the advertising benefits this  
sponsorship entails. I understand that advertising benefits will not begin until the sponsorship  
commitment is paid in full to PCHA.*

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## BILLING INFORMATION

Amount of Sponsorship: \_\_\_\_\_

Class: (if applicable): \_\_\_\_\_

Payment Method: (check a circle)

Check Included. Check # \_\_\_\_\_ (check payable to PCHA)

Invoice Me

Cash

Send to: Bill Stein, PCHA Treasurer, 495 Schell Road, Turbotville, PA. 17772  
Email: [hws711@gmail.com](mailto:hws711@gmail.com) with any sponsorship questions.