

WEST CHESTER APARTMENT HOUSING ASSOCIATION SPONSOR APPLICATION

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

Referred by: _____

PLEASE MAKE CHECKS PAYABLE TO : WCAHA
620 S. FRANKLIN ST. SUITE B18
WEST CHESTER, PA 19382

AUTHORIZED SIGNATURE: _____

DATE: _____

PLEASE CHECK THE DESIRED SPONSORSHIP:

_____ STANDARD SPONSOR
INCLUDES:
4 newsletter issues of business card size ads
website advertisement www.wcaha.com
invitation to fall social
Cost: \$200.00

_____ CORPORATE SPONSOR
INCLUDES:
4 newsletter issues of business card size
ads
website advertisement www.wcaha.com
invitation to fall social
Full page insert/article in one newsletter
10 minute speech opportunity at fall social
Cost: \$750.00

**Please enclose 3 of your business cards. (to be used in
advertisements)**

CK# _____ CK DATE _____ CK\$ _____ DEP. DATE _____ PROCESS DATE _____