

# Donation to the MWBE Coalition



Your participation as a sponsor of MWBE initiatives will contribute to our statewide effort to create wealth for minority- and women-owned enterprises.

Are you a Certified MWBE?  Yes  No

Revenue More than:

\$20 Million  \$10 – 20 Million  \$1 – 9 Million  Less than \$1 Million  Less than \$500

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

Industry:

Construction  Financial Services  Manufacturing  Nonprofit/Trade Association  
 Professional Services  Transportation \_\_\_\_\_ Other

Organization: \_\_\_\_\_

City \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<input type="checkbox"/> <b>MWBE Champion</b>	<b>\$5000</b>
<ul style="list-style-type: none"> <li>• Prominent branding and recognition as MWBE Partner</li> <li>• Full page MWBE Coalition 2010 Legislative Initiative program book ad</li> </ul>	
<input type="checkbox"/> <b>MWBE Leader</b>	<b>\$2500</b>
<ul style="list-style-type: none"> <li>• Leading branding and recognition as MWBE Supporter</li> <li>• Half page MWBE Coalition 2010 Legislative Initiative program book ad</li> </ul>	
<input type="checkbox"/> <b>MWBE Partner</b>	<b>\$1000</b>
<ul style="list-style-type: none"> <li>• Branding and recognition as MWBE Supporter</li> <li>• Quarter page MWBE Coalition 2010 Legislative Initiative program book ad</li> </ul>	
<input type="checkbox"/> <b>MWBE Coalition Supporter</b>	<b>Free</b>
<ul style="list-style-type: none"> <li>• Listing in MWBE Coalition 2010 Legislative Initiative program book</li> </ul>	
<input type="checkbox"/> <b>MWBE Coalition Friend</b>	
<ul style="list-style-type: none"> <li>• <b>Other Contribution Amount</b></li> </ul>	

The MWBE Coalition is a 501(c)(6) non-profit trade association.

**PAYMENT BY CHECK:** Make check payable to the MWBE Coalition in the amount of \$ \_\_\_\_\_

**PLEASE SEND COMPLETED FORM AND CHECK TO:** The MWBE Coalition, 55 Exchange Place, Suite 501, New York, NY 10005



**PAYMENT BY CREDIT CARD**

American Express     Visa     MasterCard

Credit Card Number \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Your electronic signature authorizes your credit card to be charged for the total payment due. For more information, please contact Lori Davis at [ldavis@nycup.org](mailto:ldavis@nycup.org).

**Name/Firm/Organization:**

(As it should appear in the 2010 Legislative Initiative program book)

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_