

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

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.

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: _____