



Please mail or fax this application with your payment to:  
LAGLCC PO Box 57555 Sherman Oaks, CA 91413  
Fax: (253) 295-0517

## Corporate Sponsorship Application

Referred to LAGLCC by: \_\_\_\_\_

**Sponsorship Category:**

\_\_\_\_\_ **Founding Partner** (\$10,000.00)    \_\_\_\_\_ **Corporate Visionary** (\$5,000.00)    \_\_\_\_\_ **Community Investor** (\$2,500.00)    \_\_\_\_\_ **Inner Circle** (\$1,000.00)

**ORGANIZATION NAME:**

**Mailing Address:** \_\_\_\_\_

**Organization Phone Number:** ( ) - \_\_\_\_\_

**Organization E-mail Address:** \_\_\_\_\_ @ \_\_\_\_\_

**Website URL:** http://www. \_\_\_\_\_

**Business Category:** \_\_\_\_\_

\_\_\_\_\_ **Our check, made payable to LAGLCC is enclosed.**

\_\_\_\_\_ **Please charge to our corporate VISA/MC/AMEX.**

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Billing Address if different from above:** \_\_\_\_\_

**LEAD CONTACT/REPRESENTATIVE:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Office Phone Number:** ( ) - \_\_\_\_\_

**Cell Phone Number:** ( ) - \_\_\_\_\_

**Individual E-mail Address:** \_\_\_\_\_ @ \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**2<sup>ND</sup> REPRESENTATIVE:**

**Mailing Address:**

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**Office Phone Number:**

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**Cell Phone Number:**

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**Individual E-mail Address:**

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**Position/Title:**

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**3<sup>RD</sup> REPRESENTATIVE:**

**Mailing Address:**

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**Office Phone Number:**

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**Cell Phone Number:**

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**Individual E-mail Address:**

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**Position/Title:**

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**4<sup>TH</sup> REPRESENTATIVE:**

**Mailing Address:**

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**Office Phone Number:**

( ) - 

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**Cell Phone Number:**

( ) - 

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**Individual E-mail Address:**

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**Position/Title:**

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**5<sup>TH</sup> REPRESENTATIVE:**

**Mailing Address:**

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**Office Phone Number:**

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**Cell Phone Number:**

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**Individual E-mail Address:**

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**Position/Title:**

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