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# sponsorship

YES, I would like to sponsor the following program: \_\_\_\_\_

Date of Program/Event/Class: \_\_\_\_\_

## Sponsor Information

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

Company/Property: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Needs/Requests:

\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT INFORMATION:

Please Invoice (PTAA member option only)

Check Payable: (PiedmontTriad Apartment Association)

Credit Card: VISA or MasterCard only



Card Number:

Exp Date:

Cardholder Name:

3 Digit Security Number (on back)

Authorized Signature: \_\_\_\_\_

Email completed form to [rachel@PiedmontTAA.org](mailto:rachel@PiedmontTAA.org)