



The Confidence & Leadership Foundation Business Partnership Agreement

Company Name: _____ Date: _____

Contact Person: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Office: _____ Mobile: _____

E-mail: _____

Website: _____

Facebook Page: _____

SPONSOR LEVEL SELECTED: (CIRCLE ONE)

EMPOWER \$2,000

INSPIRE \$1,000

SUPPORT \$500

ADVOCATE \$250

OTHER \$ _____

* Business Partnerships are for one-year unless otherwise agreed upon. Our Tax ID# is 84-2572218.

Please make checks payable to **The Confidence & Leadership Foundation** and mail to

10540 Browning Rd Lithia, FL 33547 Attn: Nancy Lemon or make payable online at:

https://www.girlswithconfidence.com/business_partnerships

Thank you for your generous support!