



St. Cloud Area Chamber of Commerce Sponsor Form

Yes! I would like to sponsor a Lunchtime Learning class.

MONTH/YEAR: _____

NAME: _____

COMPANY NAME: _____

YOUR JOB TITLE: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

Signature: _____

(Type for electronic, or sign and fax document to 320-251-0081 or deliver to the Chamber)

Payment (highlight or circle your selection):

\$99 sponsorship

1. Send me an invoice.
2. Credit Card payment
3. Enclosed check

American Express / VISA / MasterCard / Discover

Card number: _____ Exp. Date: _____ CSV: _____

Name on card: _____

Please return to: Kelti Lorence, St. Cloud Area Chamber of Commerce

email: klorence@StCloudAreaChamber.com;

fax: 320-251-0081

Mail: P.O. Box 487, St. Cloud, MN, 56302