

PAAPC WEBSITE PLATFORM & SOCIAL MEDIA PAGES SPONSORSHIP FORM



Today's Date: _____

Business Name / Organization: _____

Contact Person: _____

Phone Number: _____

Business Address: _____

Website: _____ Email: _____

Social Pages (if any): _____ FB/IG

Business Type: Arts & Crafts Retail Health & Wellness Nonprofit Other

Other (please specify): _____

Product / Service Details (Describe Your Offerings): _____

Important Notes:

1) Sponsorship will commence immediately upon receipt of payment.

2) Please send a copy of your completed a) form & b) HD business card to Aileen Mariano @ brockdoa1@gmail.com (PAAPC Secretary), and c) kindly notify her once you have submitted both the form and payment.

3) Annual Sponsorship **\$120.00**

Payment Policy

PAAPC accepts checks for payment. Please make a check payable to **PAAPC**.

Please mail the check to:

PAAPC
P.O. BOX 350328
Palm Coast, FL 32135-0328

Check Acceptance Policy:

- 1) All checks must be made payable to PAAPC.
- 2) Checks must be signed at the time of payment.

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3) Checks must have a preprinted name and address.

4) We do not accept or post-dated checks, or checks with an expiration date.

5) PAAPC reserves the right to refuse any check deemed unacceptable.