



# PAAPC WEBSITE PLATFORM & SOCIAL MEDIA PAGES SPONSORSHIP FORM

Today's Date: \_\_\_\_\_

Business Name I 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](mailto: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.

