

YOUNG AMERITOWNE® OF KANSAS

ADOPT-A-SHOP SPONSORSHIP

Partner Agreement:

Business Name: _____

Contact: _____

Address: _____

E-mail: _____

Phone: (Office) _____

(Mobile) _____

Adopt-A-Shop Sponsorship

_____ \$1,500 per year/per shop

_____ \$750 per year/per shop

Young AmeriTowne of Kansas Shops

*Please choose one or more

_____ **Bank**

_____ **Towne Hall**

_____ **Snack Shop**

_____ **Container Shop**

_____ **Digital Media Agency**

_____ **Energy Resources**

_____ **TV Station**

_____ **Nex-Great Idea (entrepreneurship)**

_____ **Medical Services**

_____ **Radio Station**

Method of Payment:

_____ Check (Payable to Nex-Generation Round Up for Youth, Inc.)

_____ Please bill us: ___ monthly ___ quarterly ___ annually

Authorized Signature: _____

Date: _____