Annual Business Sponsorship Form

Business Information (Please print)

| Business Name | | | |
|---|--|--|--|
| Contact Nar | ne | | |
| Address | | | |
| | | | |
| City | State | Zip | |
| Telephone (| business) | | |
| Email | | | |
| | | _ Tail-Wagging \$5,000.00 _ Furry Friend \$1,000.00 | |
| _Credit card _ Visa _ Ma _Check (Ma | d: Please charge my co ster Card _ Discover ke checks payable to | - , | |
| | | | |
| | | | |
| | | | |

Please email your completed form to patti@qcawc.org or mail it to: QCAWC 724 West Second Avenue, Milan, IL 61264 Attn: Patti McRae