

# SCHOLARSHIP SPONSORSHIP 2012

Yes, I would like to co-sponsor a scholarship with NCPCM:

Company \_\_\_\_\_

Address \_\_\_\_\_  
(P.O. Box or Street) (City) (State) (Zip)

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Payment Info:

\_\_\_\_\_ Sponsorships @ \$500 Total \$ \_\_\_\_\_

\_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ Amex

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Verification Number \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing Address of Card if different from above \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Please send payment to:**

**Teresa Calton  
NCPCM  
7300 Glenwood Avenue  
Raleigh, NC 27612  
Fax: (919) 782-4414  
Email: tcalton@ncpcm.org**

