



Sponsorship Agreement

Business Name: _____

I would like to be a table sponsor for Bras Off Broadway 2026

____ \$5,000 Push-Up Sponsor ____ \$2,500 Demi Bra Sponsor ____ \$1,000 Sports Bra Sponsor

Address: _____

City/ST/Zip: _____

Authorized Representative Name: _____

Authorized Representative Signature: _____ Date: _____

Contact Person for Guest List, Company Logo, Etc.

Name: _____ Phone: _____

Email: _____

Payment Information:

____ Payment for \$_____ is enclosed

____ Please invoice me

Send to address below or email form to chris@pinkplaid.org



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Pink Plaid is a 501(c)3 nonprofit
Federal Tax ID: 84-4618603
brasoffbroadway.com
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