

Spansonship Agreement

Business Name:		
I would like to be a table sponsor for Bras Off Broadwa	ay 2025	
\$5,000 Push-Up Sponsor\$2,500 De	mi Bra Sponsor	
Address:		
City/ST/Zip:		
Authorized Representative Name/Title:		
Authorized Representative Signiture:		_ Date:
Contact Person for Guest List, Company Logo, Etc.		
Name:	Phone:	
Email:		
Payment Information:		
Payment for \$ is enclosed		
Please invoice me		



3350 35TH AVE S, Fargo ND 58104 Pink Plaid is a 501(c)3 nonprofit Federal Tax ID: 84-4618603 brasoffbroadway.com