

PLANO REPUBLICAN WOMEN SPONSORSHIP FORM 2025

Please mail this form with your check made payable to PRW CORPORATE CHECKS CANNOT BE ACCEPTED

Plano Republican Women, P. O. Box 940461, Plano, Texas 75094

Sponsorship Categories:

\$250 Platinum: Business ca	ard ad in Directory & Newsletter; PR	W Webpage image w/link
to your website; meeting sl	lide show & associate membership* f	or your spouse
\$200 Gold: Newsletter Ad	l, PRW Webpage image w/link to you	r website & spouse associatemembership*
\$150 Silver: Ad in the New	sletter & listing on the Website OR	Webpage image w/link to your website
\$100 Bronze: Ad in the Me	embership Directory/listing on the W	/ebsite
*if your spouse is not a mer	mber of another TFRW club, she car	be a member of PRW
** Please complete this for	rm entirely and mail in, along with 3 b	ousiness cards
Additional (Optional):	,	
\$12.00 Magnetic PRW Name	e Tag\$4 Mail Delivery	of the annual PRW Membership
TOTAL:	Check #:	
	rd, a credit card processing fee is includ	led in your purchase.
PRW Membership Directory		
PRW Membership Directory Please provide the information to	be included in the PRW Membersh	
PRW Membership Directory Please provide the information to Name	be included in the PRW Membersh	
PRW Membership Directory Please provide the information to	be included in the PRW Membersh	
PRW Membership Directory Please provide the information to Name Address Street	be included in the PRW Membersh	Zip code + 4
PRW Membership Directory Please provide the information to Name Address Street Phone numbers: (home)	be included in the PRW Membersh City (Office)	Zip code + 4
PRW Membership Directory Please provide the information to Name Address Street Phone numbers: (home) Email*	be included in the PRW Membersh City (Office) Precinct#	Zip code + 4(Cell)
PRW Membership Directory Please provide the information to Name Address Street Phone numbers: (home) Email*	be included in the PRW Membersh City (Office) Precinct#	Zip code + 4 (Cell)Birthday (month & day)
PRW Membership Directory Please provide the information to Name	be included in the PRW Membersh City (Office) Precinct#	Zip code + 4 (Cell)Birthday (month & day)Birthday (month & day)

Sponsorship



Scan to Pay

Additional Purchases



Scan to Pay