



*Linked in Friendship, Connected in Service  
New Orleans (LA) Chapter*

### Sponsorship/Vendor Form

<b>Sponsor's Name:</b>	(Please complete as it should appear on signage and other materials)
<b>Contact Name:</b>	
<b>Address:</b>	
<b>City, State and Zip:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Website:</b>	
<b>Facebook:</b>	
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<b>Sponsorship Level:</b>	
\$5,000 White Rose Links Legacy Builder \$2,500 Platinum HBCU Legacy \$1,500 Emerald Emerging Scholar \$500 Friends of Links Unable to Sponsor/Attend, but I want to contribute \$ _____	
<b>Payment Method:</b>	Check made payable to <b><u>The Links Foundation, Incorporated</u></b>
<b>Authorized Signature:</b>  _____	
<b>Print:</b> _____	<b>Date:</b> _____

Please complete the sponsorship/vendor agreement and remit with payment to the following address:

**New Orleans (LA) Chapter of The Links, Incorporated**  
**Post Office Box 57495**  
**New Orleans, Louisiana 70157**