



Corporate Partnership Program 2017-2018

Order Form

Thank you for supporting Salisbury Academy and the community!

| Partner Level | Amount | Yes, I am proud to join the Corporate Partner Program! <i>(Please check your contribution level below)</i> |
|---------------|----------|---|
| Platinum | \$10,000 | _____ |
| | | |
| Gold | \$5,000 | _____ |
| | | |
| Silver | \$2,500 | _____ |
| | | |
| Bronze | \$1,500 | _____ |
| | | |

Company Name _____
 (as you would like it to be used for recognition)

Address _____

Company Contact _____

Phone _____ Email _____

Enclosed is my check payable to Salisbury Academy _____

Please invoice me at the address above by December 1, 2017 _____
 All payments must be completed by December 31, 2017

Please invoice me at the address above by April 1, 2018 _____
 All payments must be completed by April 30, 2018

Salisbury Academy
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 www.salisburyacademy.org