

**2020 RHAMP BUSINESS PLAN COMPETITION**  
**APPLICATION FOR SPONSORSHIP**

**Sponsorship Level**

- |   |          |
|---|----------|
| <input type="checkbox"/> Title Sponsorship    | \$10,000 |
| <input type="checkbox"/> Platinum Sponsorship | \$5,000  |
| <input type="checkbox"/> Gold Sponsorship     | \$2,500  |
| <input type="checkbox"/> Silver Sponsorship   | \$1,000  |
| <input type="checkbox"/> Bronze Sponsorship   | \$500    |

(All funds donated for the Competition are tax-deductible and *will be receipted by RCDC*)

**Individual Contact Information**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Company Information**

Company \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Payment Information**

Payment Enclosed (make check payable to Haggai Business Network)  
Bill my:  Visa  MasterCard  American Express  Discover

Card # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Fax your completed application with credit card information to: 301-650-1902*  
*Or Mail your completed application to:*  
**Haggai Business Network, 919/921 Philadelphia Avenue, Silver Spring, MD 20910**  
**Contact: [info@hbndc.community](mailto:info@hbndc.community) or call 301-650-1900**