



2026 CORPORATE PARTNER AGREEMENT

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Office Phone: _____ Cell Phone: _____

Best way to reach you: Email Phone Text

- Partnership Level:
- BENEFACTOR** (\$15,000)
 - VISIONARY** (\$10,000)
 - CHAMPION** (\$7,500)
 - LEADER** (\$5,000)
 - SUPPORTER** (\$3,000)
 - ALLY** (\$1,500)

How company should be listed in marketing materials: _____

Please invoice me.

I've enclosed a check for: _____

Please bill my credit card: (circle) American Express Discover MasterCard Visa

Card Number _____ Expires Month _____ / Year _____

Cardholder Name _____ Security Code _____

Billing Zip Code _____ Signature _____

Corporate Partner Signature

Please return completed agreement, with payment, to: BCI, ATTN Kristin Williams, 200 Trade Center Dr W, St. Peters, MO 63376. Please note the deadline for recognition benefits as outlined in this sponsorship agreement is March 27, 2026. Please send your company logo in vector format by this date. For any other questions, contact Kristin at kwilliams@boonecenter.com.