



AHEPA CONGRESSIONAL BANQUET SPONSOR ORDER FORM

NAME/COMPANY NAME

EMAIL

CONTACT NUMBER

SPONSOR LEVEL: *(check box)*

\$2,500.00 \$5,000.00 \$10,000.00 \$25,000.00 \$50,000.00

CHARGE MY: VISA MASTERCARD AMEX

NAME AS APPEARED ON CREDIT CARD

CARD NO.

EXP. DATE

CVV

BILLING ZIP CODE

SIGNATURE

If you purchase a table, please **print** the names of those at your table below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Payment by check – payable to: AHEPA Foundation, Inc

Mail form to: AHEPA Global Headquarters
1909 Q St, NW, Ste 500 • Washington, DC 20009
Email form to: admin@ahempa.org