

ACP SPONSORSHIP REQUEST / RENEWAL

Name _____

Address: _____

Phone: _____ email: _____

_____ *Individual Sponsor* \$10 new / renew / gift
Includes quarterly newsletter

_____ *Business Sponsor* \$50 new / renew / gift
Includes: Quarterly Newsletter Subscription
Business profiled in the Newsletter and on our website
Receipt of ACP certificate of membership, suitable for framing

_____ *Gift Subscription* (includes quarterly newsletter) \$10 new / renew / gift

To: _____

Donations are graciously accepted.

We are an IRS 501c3 designated non-profit organization

_____ *Tax Deductible Donation.* \$50. \$30. \$20. \$10. Other _____

_____ I would like to learn more about volunteer opportunities with ACP.
Please call me.

Please make checks payable to:

Alliance for Consumer Protection, Beaver County.

Send membership subscription application and check to:

**Alliance for Consumer Protection, Beaver County
Suite 277 – Beaver Valley Mall, Rt 18
Monaca, PA 15061**

Thank you for your interest and support.

Questions?

Phone: 724-888-5931