

## Sponsor Interest Form

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Contact Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

Program Sponsored \_\_\_\_\_

Donation Amount \_\_\_\_\_

Check Enclosed (made payable to Kappa Delta Pi)

Credit Card \_\_\_\_\_

Credit Card Number

Exp. Date

\_\_\_\_\_  
Signature on Card

Please invoice me

Please contact me about becoming a sponsor.

Please contact me about becoming a partner.

I would like to partner with KDP by proposing:

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Please mail this form to: Kappa Delta Pi

Corporate Partnerships and Sponsorships

3707 Woodview Trace

Indianapolis, IN 46268-1158

Or e-mail it to [cara@kdp.org](mailto:cara@kdp.org)