



## ANNUAL SPONSORSHIP FORM

### CONTACT INFORMATION

Company \_\_\_\_\_

Contact \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Product/Service \_\_\_\_\_

### PAYMENT INFORMATION

KOR Member: \$250 Annually

Non-Members: \$500 Annually

Check  Credit card  Send Invoice

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp \_\_\_\_\_

3 Digit Code \_\_\_\_\_ Card Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return form and payment to:**  
Kansas Organization of Recyclers  
PO Box 3902, Topeka, KS 66604  
kskor@kskor.org