



Shawnee Chamber of Commerce
15100 W. 67th Street, Suite 202
Shawnee, KS 66217
913-631-6545
913-631-9628 FAX

SPONSORSHIP CONFIRMATION

Company _____

Authorized Representative _____

Billing Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Sponsorship

Name of Sponsorship(s) _____

Sponsorship Level _____

Special Instructions _____

Amount Received \$ _____

Billing Preference: Please indicate when you would like to be invoiced for sponsorships.

Invoice in 2026 _____

January of 2027 _____

Volunteer Information

Volunteer's Name _____

Date _____

Approvals/Confirmations

Company Representative _____

