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PWO Operations Challenge Sponsorship Form

PLEASE TYPE or PRINT LEGIBLY

CONTACT NAME: _____

COMPANY: _____

[Please list company name as it should appear in acknowledgments]

ADDRESS: _____

PHONE: _____

Amount: \$ _____

Please make checks payable : WEASC (Federal Tax ID: 57-0725845)

Credit card info: Visa M/C Discover American Express

Please print legibly

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____ CVV Code _____

Street City St Zip

I authorize WEASC to charge my credit card for sponsorship as indicated.

Signature _____ Amount \$ _____

(If paying by credit card, form may be faxed to: 803-358-0646)

Questions? Call 803-358-0658

For your protection, please do not email credit card information.

Thank you for your support!