

WEBSITE SPONSORSHIP CONTRACT 2025

COMPANY/SPONSOR NAME

COMPANY/SPONSOR CONTACT PERSON

COMPANY/SPONSOR ADDRESS

COMPANY/SPONSOR EMAIL

COMPANY WEBSITE

I (we) hereby authorize the Catholic School Administrators Association of NYS to place our logo, hyperlinked to the above website, on the official association website (www.csaanys.org) for a period of one year.* Please select sum & sign below.

I (we) agree to pay the sum of \$210 as a new sponsor. _____

I (we) agree to pay the sum of \$185 as a returning sponsor. _____

SIGNATURE/TITLE

DATE

ALL ARTWORK SHOULD BE PRESENTED TO CSAANYS IN A READY TO UPLOAD FORMAT AS A .JPG OR .PNG FILE. ALL SPONSORSHIPS WILL BE UPLOADED IN A TIMELY FASHION AND REMAIN ON THE SITE FOR THE DURATION OF ONE YEAR.

FORWARD LOGO DIRECTLY TO AMY BATSON AT CSAANYSOFFICE@TWC.COM.

**PLEASE SEND PAYMENT AND THIS FORM TO:
CATHOLIC SCHOOL ADMINSTRATORS ASSOCIATION OF NYS
PO BOX 5263, HALFMOON, NY 12065**

*CSAANYS RESERVES THE RIGHT TO REFUSE SPONSORHIP TO ANY CORPORATION THAT WE FEEL DOES NOT FIT OUR MISSION.

FOR CREDIT CARD PAYMENTS, PLEASE COMPLETE THE FORM BELOW:

CREDIT CARD # _____

EXPIRATION DATE ____/____/____ CVV (on the back of the card)# _____ (AMEX 4 DIGITS)

BILLING ZIP CODE _____ - _____ EMAIL ADDRESS TO SEND RECEIPT _____

PLEASE SIGN HERE:
