

2026 ANNUAL PARTNERSHIP APPLICATION



☐ **Platinum Paw**
\$20,000+

☐ **Gold Paw**
\$15,000

☐ **Silver Paw**
\$10,000

☐ **Bronze Paw**
\$5,000

Please ensure company name and information is listed exactly as it should appear on promotional materials.

Company: _____

Main Contact: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

☐ Check here if same as Mailing Address

Business Phone: () _____ Ext.: _____ Cell Phone: () _____

Email: _____

Please provide the name and email for others in your organization who you would like to receive program and event notification:

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

**** Please provide JPG/PNG and EPS logos to development@secondchancenc.org**

By signing below, I confirm that I am an authorized representative of the company and that we confirm this Annual Partnership for one calendar year from the date of signing at the above Partnership level. I also understand that payment in full is required before benefits can begin.

Signature: _____ Date: _____

Total Amount Due: \$ _____

PAYMENT:

Check Made Payable to Second Chance Pet Adoptions Enclosed.

Credit Card: Return signed application and we will provide an invoice and link to pay online.

SUBMIT BY MAIL:

Second Chance Pet
Adoptions ATTN: Development
6003 Chapel Hill Road, Suite
133 Raleigh, NC 27607

SUBMIT BY EMAIL:

Development
development@secondchancenc.org

QUESTIONS: Contact our Development team
development@secondchancenc.org