



## Bronze Sponsorship Form – Deadline April 5th

YES! I would like to sponsor the 15<sup>th</sup> Annual Tour of Remodeled Homes as a:

- Bronze Sponsor, \$275 NARI Members / \$375 Non-Members**  
All Bronze Sponsors may put marketing material in the home they worked on  
Your company is responsible for getting all material to builder prior to Tour date

### Remodeler Being Supported (circle all that apply):

#1	RisherMartin Fine Homes	1503 Alameda Drive
#2	CG&S Design Build	206 W 33 <sup>rd</sup> Street
#3	Avenue B Development	1612 W 11 <sup>th</sup> Street
#4	Home Not on Tour	Home Not on Tour
#5	Adams Company	506 Brookhaven Trail
#6	Katz Builders, Inc. Custom Builders & Remodelers	8400 Blayzk
#7	Realty Restoration & Twelve Stones Designs	8302 Sumner Court
#8	New Creations Custom Kitchen & Bath	6220 Ledge Mountain
#9	Realty Restoration & Twelve Stones Designs	7613 Rustling Road
#10	Dominique Levesque Construction	1507 Cullen Avenue
#11	New Creations Custom Kitchen & Bath	10903 Callanish Park Drive
#12	Adams Company	2309 Oakshire Cove – Cedar Park

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Company Name (as it should appear in print)

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Address

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City, State, Zip

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Phone #

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Fax #

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Contact Name

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Title

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Website Address

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Email Address

### Please complete this form

If you are paying with a credit card please call or email info to Kayvon 512-375-2601 [kayvon@austinnari.org](mailto:kayvon@austinnari.org)

Or

**OR** Mail your form and make your check out to: **AUSTIN NARI**, P.O. Box 9964 Austin, TX 78766



### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Austin NARI to make a charge to your credit card listed below.

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By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account

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Billing Address \_\_\_\_\_  
Phone# \_\_\_\_\_

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

Email \_\_\_\_\_

Account Type:	Visa	MasterCard	AMEX	Discover
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
CVS: Number	_____			