AMERICAN CANCER SOCIETY RELAY FOR LIFE® OF NORTH OAKLAND 2017

SPONSORSHIP COMMITMENT FORM

Business name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Contact name: _____

Telephone number (business): _____ Fax number: _____

Email: _____ Web address: _____

COMMITMENT LEVEL

☐ $5,000 – Presenting ☐ $1,500 – Gold ☐ $500 – Bronze ☐ $100 – Community Cares Sponsor

☐ $2,500 – Platinum ☐ $1,000 - Silver ☐ $250 – Signature ☐ Other: _____

METHOD OF PAYMENT

☐ Enclosed is my sponsorship check in the amount of $ _____

☐ Charge my credit card (please print clearly)

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Cardholder's name: _____

Billing address: _____

Card number: _____ Exp. date: _____ Security code: _____

☐ Please send remittance form to: _____

We are unable to be a designated Relay For Life sponsor this year but enclosed is our donation of $ _____

Sponsor Signature: _____ Date: _____

(Please sign and retain a copy for your records.)

Please email **an EPS logo** to chris.rettich@cancer.org by April 1 to ensure high-quality printing. If an .eps file is not available, please send highest quality available. Note, submitting a low resolution logo may require signage to be printed in text in order to maintain quality.

Please return form via mail, email or fax:
Mail to: American Cancer Society, Attn: RFL of North Oakland
20450 Civic Center Dr, Southfield, MI 48076
Email: chris.rettich@cancer.org | **Fax:** 248.663.3409
Questions? Contact Chris Rettich: chris.rettich@cancer.org | 586.216.9471

Name of team or individual to be credited with this sponsorship:

_____ ☐ Not Applicable

RelayForLife.org | 1.800.227.2345

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