AMERICAN CANCER SOCIETY RELAY FOR LIFE®

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 | | | | | | | |  | | | | | |
|  $2,500 – Platinum | | | | | | | |  $1,000 – Silver | | | | | |  $250 – Signature | | | | | | | |  | | | | | |
| 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 invoice 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 return form to the address below:

American Cancer Society

1901 Brunswick Avenue, Suite 100

Charlotte, NC 28207

Attention: Relay For Life of Mooresville-Lake Norman

American Cancer Society, Inc.

Federal Tax ID #13-1788491

Organized under IRC 501(c)(3)