TEAM OR EVENT SPONSORING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMERICAN CANCER SOCIETY RELAY FOR LIFE®

SPONSORSHIP COMMITMENT FORM

INDIANA UNIVERSITY

|  |  |
| --- | --- |
| Business name: |  |
| Street address: |  |
| City: |  | State: |  |  Zip: |  |
| Contact name: |  |
| Telephone number (business): |  |  Fax number: |  |
| Email: |  |  Web address: |  |
| Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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* Melissa Pressler *OR send to the address below:***

Melissa Pressler

|  |
| --- |
| 5250 Vogel Rd Suite A |
| Evansville, IN 47715 |
| Phone: 317-440-8851 | Fax: 812.476.3567 |
|  |

**Attention: Relay For Life of Indiana University**

American Cancer Society, Inc.

Federal Tax ID #13-1788491

Organized under IRC 501(c)(3)