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 | | | | | ☐ $1,000 – Survivor | | | | | | | | ☐ $500 – Bronze | | | | | |
| ☐ $2,500 – Platinum | | | | | ☐ $1,000 - Silver | | | | | ☐ $1,000 – Luminaria | | | | | | | | ☐ $250 – Signature | | | | | |
| ☐ $200 – HOPE | | | | | ☐ $100 – Track Marker | | | | |  | | | | | | | |  | | | | | |
| **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 return form to the address below:**

**American Cancer Society**

**507 N. New York Ave., Suite 100, Winter Park, FL 32789**

**Attention: Relay For Life of UCF**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Not Applicable

Please email **an EPS logo** to [Fernando.Carrasquillo@cancer.org](mailto:Fernando.Carrasquillo@cancer.org) 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.

American Cancer Society, Inc.

Federal Tax ID #13-1788491

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