

Business name:						
Street address:						
ity:		Stat	State:		Zip:	
Contact name:						
Telephone number (business):			Fa	x number:		
Email:			Web address:			
COMMITMENT LEVE	L					
☐ \$5,000 – Presenting	□ \$1,500 – Gold		□ \$500 – Bronze		□ \$0 – Optional Level	
☐ \$2,500 – Platinum	□ \$1,000 -	Silver	□ \$250 – Signat	ure	□ \$0 – Optional Level	
METHOD OF PAYME	NT					
☐ Enclosed is my sponso	orship check	in the amoun	t of \$			
☐ Charge my credit card	(please print	t clearly)				
Card Type:	□ VISA	☐ Master	Card 🗆 Disc	over	□ AMEX	
Cardholder's name:						
Billing address:						
Card number:			Exp. date:		Security code:	
☐ Please send remittance form to:						
We are unable to be a design	nated Relay F	or Life sponso	or this year but encl	osed is our	donation of \$	
					_ Date:	
(Please sign and retain a copy for you	ur records.)					

Please email **an EPS logo** to Georgia.vieira@cancer.org by April 1, 2017 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 to the address below: American Cancer Society 1 Penny Lane, Latham, NY 12110 Attention: Relay For Life of Hudson River Communities

Name of team or individual to be credited with this sponsorship:						
Not Applicable						