



SPONSOR CONTRACT

Sponsor Name (As you would like it printed on the Program): _____

Contact Person: _____ Phone: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Method of Payment:

Check _____ MasterCard _____ Visa _____

Credit Card Number: _____

Expiration Date: _____ Authorization code (3-digit code on back of credit card): _____

Authorized Signature _____ Amount of Contribution: _____

SPONSOR OPPORTUNITIES

UNDERWRITING OPPORTUNITIES

_____ Premier Sponsor (\$20,000) *

_____ \$10,000 Level

_____ Diamond Sponsor (\$15,000) *

_____ \$5000 Level

_____ Ruby (\$10,000) *

_____ \$3,500 Level

_____ Emerald (\$7,500) *

_____ \$3,000 Level

_____ Sapphire (\$5,000) *

_____ \$1,500 Level

_____ Platinum (\$2,500)

_____ Gold (\$1,000)

_____ Silver (\$500) * **Payments and logos are due print deadline by March 15, 2019 for inclusion at the event.**

Would you like to Honor a cancer survivor or Memorialize someone who lost his or her battle to cancer in our event program?

Yes _____ No _____

Yes, I would like to Honor (name of cancer survivor) _____

American Cancer Society, Inc.
Federal Tax ID #13-1788491
Organized under IRC 501(c)(3)

Yes, I would like to Memorialize (name) _____

** Payment must be received by **Jan. 11, 2019** to ensure name in invitation*

** Payment must be received by **March 15, 2019** to ensure name or memorial listing in program*

Send checks to: American Cancer Society, Fashion Show, 945 South Main St. Suite 201, Salinas, CA 93901

For further information contact: Nancy Valdez at 831.7726524 or Nancy.Valdez@cancer.org