

2019 SPONSORSHIP COMMITMENT FORM

September 15th, 2019 | Cedar Mountain Reclamation Facility - Maple Valley, WA

SPONSOR CONTACT INFORMATION: Please reserve the following sponsorship for myself/my company.				
COMPANY/DONOR NAME – FOR CATALOG: (As it should appear in event program)				
CONTACT NAME:	ADDRESS:			
TITLE:	CITY:		STATE:	ZIP:
EMAIL: (This is how we will send your receipt. Please print cle	rint clearly)		PHONE:	
SPONSORSHIP INFORMATION:				
		SELECT UNDERWRITING OPPORTUNITY LEVEL(S): Venue Underwriter \$10,000 T-Shirt Underwriter \$7,500 SWAG Underwriter \$5,000 Hard hat & Lanyard Underwriter \$2,500		
PAYMENT INFORMATION:				
☐ Check enclosed, payable to <u>American Cancer Society</u>	Name of Card nu	Donate via credit card Name on Card: Card number: Exp. Date: Billing Address:		
SIGNATURE:		1	DATE:	

Please return this form and payment by 08/16/19 to:

American Cancer Society ATTN: Stacey Chung 2120 First Ave N Seattle, WA 98109

Fed Tax ID#: 13-1788491