



AMERICAN CANCER SOCIETY RELAY FOR LIFE® NORTHERN MILLE LACS COUNTY 2017 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 \$500 – Bronze In-kind Donation _____
 \$2,500 – Platinum \$1,000 – Silver \$250 – Signature Silent Auction Item _____

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 note: This form must be received by June 16, 2017 to ensure inclusion in day-of-event materials and on t-shirts when applicable

Please return form to the address below:
American Cancer Society
Relay For Life of Northern Mille Lacs County
3721 23rd Street S, Suite 102
St. Cloud, MN 56301

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