

Business name:						
Street address:						
City:		Sta	State:		Zip:	
Contact name:						
Telephone number (business	s):			Fax num	oer:	
Email:			Web a	ddress:		
COMMITMENT LEVE	L (* INCL	UDES LO	GO REC	COGNITION)	
☐ \$35,000 – *Presenting	enting □ \$15,000 – *Gold		□ \$5,000 – Bronze		□ \$1,000 – Hope □ \$500 – Spirit	
☐ \$25,000 – *Platinum	□ \$10,000 – *Silver		☐ \$2,500 – Signature			
METHOD OF PAYME	NT					
☐ Enclosed is my sponso	orship check	in the amou	nt of \$			
☐ Charge my credit card	(please print	clearly)				
Card Type: Cardholder's name:	□ VISA □ MasterCard		☐ Discover	☐ AMEX		
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 spons	or this yea	r but enclosed is	our donation of \$	
Sponsor Signature: (Please sign and retain a copy for you					Date:	

Please email **an EPS logo** to <u>donna.hermann@cancer.org</u> by 3/15/2025 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 5420 California Ave. Bakersfield, CA 93309 Attention: Relay For Life of Bakersfield

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