



Business name: _____
Street address: _____
City: _____ State: _____ Zip: _____
Contact name: _____
Telephone number (business): _____ Fax number: _____
Email: _____ Web address: _____

COMMITMENT LEVEL

- ☐ \$3,500 – Presenting ☐ \$1,500 – Gold ☐ \$500 – Bronze ☐ \$0 – Optional Level
- ☐ \$2,500 – Platinum ☐ \$750 – Silver ☐ \$250 – Signature ☐ \$0 – Optional Level
- ☐ Two Year Commitment Option – Agree to any level for the next two years to be bumped to the next level up (paid yearly)

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 email a **High Resolution logo** to timothy.carithers@cancer.org 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
105 Westpark Dr., Ste. C, Athens, GA 30606
Attention: Relay For Life of Jackson County

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

_____ ☐ Not Applicable