

2024 SPONSORSHIP COMMITMENT FORM

Business name:		
Street address:		
City:	State:	Zip:
Contact name:	Title:	
Telephone number (business):	Fax number	?
Email:	Web address:	
COMMITMENT LEVEL		
\$10,000 Presenting Sponsor	\$7,500 Community Impact Partner	\$5,000 Platinum Sponsor
SOLD Survivor Area Sponsor	SOLD Starting Line Sponsor	SOLD Finish Line Sponsor
SOLD Pink Mission Wall Sponsor	\$1,500 Registration Sponsor	\$1,500 Pink Chair Sponsor
\$1,000 Men Wear Pink Sponsor	\$1,000 Route Sponsor	\$1,000 Kick Off Sponsor
\$500 Proud Supporter Sponsor		
METHOD OF PAYMENT		
Enclosed is my sponsorship check i	in the amount of \$	
Charge my credit card (please print	clearly)	
Card Type: VISA	MasterCard Discover	AMEX
Billing address:		
	Exp. date	e: Security code:
Please send invoice to:		
Sponsor Signature:		Date:
(Please sign and retain a copy for your rec	cords.)	
Please email a logo to Melissa.Easterberg@cance may require signage to be printed in text in order	er.org by September 1, 2024 to ensure high-quality p to maintain quality.	orinting. Note, submitting a low resolution logo
Please return form to the address below: American Cancer Society, Inc.	Ŭ	m to be credited with this sponsorship:

PO Box 171335, Kansas City, KS 66117

Attention: MSABC-Wichita – E922DC

Event website: <u>www.MakingStridesWalk.org/WichitaKs</u>

American Cancer Society, Inc. Federal Tax ID #13-1788491 Organized under IRS 501(c)(3) ACS Society Key: E922DC

