

Hope Gala

November 3, 2018

SPONSOR COMMITMENT FORM

<i>Event Opportunities</i>	
<i>Sponsorship Opportunities:</i>	<i>Naming Opportunities:</i>
<input type="checkbox"/> Presenting Sponsor - \$20,000 ~ Exclusive	<input type="checkbox"/> Entertainment Sponsor - \$5,000
<input type="checkbox"/> Platinum Sponsor - \$15,000	<input type="checkbox"/> Cocktail Hour Sponsor - \$3,000
<input type="checkbox"/> Gold Sponsor \$10,000	<input type="checkbox"/> Gala Decor Sponsor - \$2,000
<input type="checkbox"/> Silver Sponsor - \$5,000	<input type="checkbox"/> Valet Sponsor - \$1,500
<input type="checkbox"/> Bronze Sponsor - \$2,500	<input type="checkbox"/> Champagne Sponsor - \$1,500
<input type="checkbox"/> Patron Sponsor - \$1,000	

Sponsor Name: _____
****Please print or type all information legibly and exactly as it should appear on all print materials****

Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____

E-mail: _____

Please add my name / company logo in the event publications (please check one)
_____ YES _____ NO

Enclosed: ___ Logo on disc ___ Forthcoming ___ Logo via e-mail (Danielle.Shalginewicz@cancer.org)

PAYMENT INFORMATION:

Confirmation of contributions received before printing deadlines will be listed in print material. **August 1, 2018** is the deadline to appear in the invitation. ACS TAX ID #: 13-1788491

Check enclosed in amount of: _____ Make checks payable to American Cancer Society -OR- Credit Card (please provide cardholder's contact information if different from above):

Account Number: _____ Exp. Date: _____

Signature: _____ Date: _____

Please mail/fax completed form to:
American Cancer Society - Indian River County Unit
3375 20th Street, Suite 100, Vero Beach, FL 32960 or fax to (772) 562-2666