

COMMITMENT FORM

Contact Information

Company Name

Address

City

State

Zip

Contact Name

Title

Your Phone Number

Email

Payment

☐ Check enclosed in the amount of \$ _____

*Payable to American Cancer Society
ATTN Gala4ACure*

☐ Please charge my credit card

☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Card Number

Expires

Please send this form with your payment to
American Cancer Society, ATTN: Gala4aCure
1626 Locust Street, Philadelphia, PA 19103

Logo Submission Deadline

Logo - Must be received by Feb 1st, 2018
please email to kelsy.houser@cancer.org

Sponsorship Level

- ☐ Diamond \$10,000
- ☐ Platinum \$5,000
- ☐ Gold \$2,500
- ☐ Silver \$2,000
- ☐ Friend \$1,000
- ☐ Patron \$250
- ☐ Night \$200
- ☐ Full Page Ad \$150
- ☐ 1/2 Page Ad \$100
- ☐ 1/4 Page Ad \$50
- ☐ Luminaria \$20

Luminaria Tribute

In honor / memory [circle one] of:
