



XXV DESERT SPIRIT AN AMERICAN CANCER SOCIETY GALA

Tribute SPONSORSHIP FORM

DONOR INFORMATION

Donor or Company Name		Mailing Address	
Contact Name <i>(if different from above)</i>		City	Zip Code
Contact e-mail			
Phone # <i>(include area code)</i> ()	Signature		Date / /

TRIBUTE DETAILS

Please note that each tribute frame may only include up to two names (first and/or last).

NAME(S) FOR TRIBUTES:

- _____
- _____
- _____
- _____

Special Instructions: _____

Total # of Tributes Ordered _____ at \$20.00 each
(orders placed on or before March 28, 2014)

Total # of Tributes Ordered _____ at \$30.00 each
(orders placed on or after March 28, 2014)

PICK UP CHOICE: *(please check one)*

- ☐ Pick up at the Gala on March 30, 2014
☐ Pick up from the American Cancer Society office
in Palm Desert sometime after March 30, 2014

REMITTANCE INFORMATION

CHECK

Attached is my check for \$ _____
(Payable to: American Cancer Society)

THREE EASY WAYS TO SUBMIT THIS FORM:

- FAX** it to 760-341-8783
- EMAIL** it to michelle.rodriquez@cancer.org
- DELIVER** it via U.S. mail or in person to:
American Cancer Society - Attn: Desert Spirit XXV
73-161 Fred Waring Drive, Suite 100
Palm Desert, CA 92260

Your donation may be tax deductible. Please check with your tax advisor. Federal Tax I.D. 13-1788491

CREDIT CARD

Please charge \$ _____ to my Credit Card.

Signature _____

Cardholder's Name: _____
(as it appears on the credit card)

Card Number: _____ Exp: ____/____

Card Type: ☐  ☐  ☐  ☐ 

Billing Address: _____

City: _____ State: _____ Zip: _____