

Sponsorship Commitment Form

Relay For Life of Champaign County

June 12 & 13, 2010 Centennial High School, Champaign, IL



Company Name: _____

(As it should appear on promotional material)

Contact Person: _____

Title: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone Number: _____ Fax: _____

Email: _____

The company will sponsor at _____ Level with \$ _____

The company is interested in having a team.

The company is interested in serving on the planning committee.

The company has a newsletter for employees/ customers.

The company has a matching gifts program.

The company has a payroll deduction program.

Sponsor Signature: _____ Date: _____

Upon receipt of sponsorship confirmation by the American Cancer Society an invoice will be sent.

Please send commitment and company logo to:

American Cancer Society

Attn: Kendra Clark Albers

2509 South Neil Street

Champaign, IL 61820

Phone: 217-356-9076

Fax: 217-356-7721

kendra.clark@cancer.org