



Sponsorship Commitment Form

*Please note that this form **must be returned with all information requested by September 15, 2018** to ensure proper inclusion and recognition in all appropriate materials.

Please print all information legibly and exactly as it should appear in all publications. Please note all fields are required:

Donor/Company Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ - _____ **E-mail:** _____

Commitment Level

___ \$2,500 – Harvest

___ \$1,000 – Garden

___ \$500 – Seedling

___ Auction Donation
(Please see auction donation form)

Method of Payment

Enclosed is my sponsorship check in the amount of \$ _____

Charge my credit card (please print clearly)

Card Type: ___ VISA ___ MasterCard ___ Discover ___ AMEX

Card Holder's Name: _____

Billing Address: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Please Send an Invoice to: _____

We are unable to designate sponsorship this year but enclosed is our donation of \$ _____

Please return this form:

Email: Whitney.Eng@cancer.org

Fax: 616.364.6451 or mail to:

Mail: American Cancer Society, 129 Jefferson Avenue, S.E., Grand Rapids, MI 49503 / Attn: Whitney Eng

Donor Signature

Title

Date