

Sponsorship Form

Name/Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Please check one:

_____ I would like to be the Major Sponsor at the \$3,000.00 Level

_____ I would like to be a Sponsor at the \$1,000.00 Level

_____ I would like to be Sponsor at the \$250.00 Level

_____ I would like to contribute in the amount of \$ _____

Please check one:

_____ I will e-mail my artwork/logo to runfortheribbonsenc@gmail.com .

_____ Enclosed you will find the artwork/logo I would like on the t-shirt

Total amount enclosed \$ _____

Make checks payable to CSCENC and mail to:

Cancer Support Community Eastern North Carolina
P. O Box 2844
Greenville, NC 27836