



AMERICAN CANCER SOCIETY
SPONSORSHIP COMMITMENT FORM

Coaches vs Cancer South Jersey Golf Classic

Business Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Contact Name: _____

Contact Number: _____ Contact Email: _____

Commitment Level:

- \$5,000 Presenting Sponsor
- \$2,500 Gold Sponsor
- \$1,500 Reception Sponsor
- \$400 Foursome
- \$500 Putting Green Sponsor
- \$300 Hole Sponsor
- \$250 Mulligan Sponsor

Method of Payment:

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

Please charge my credit card (please print clearly)

Card Type (circle one) VISA MasterCard Discover AMEX

Cardholder Name: _____

Billing Address: _____

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

Please send remittance form to: _____

We are unable to be a designated Coaches vs Cancer South Jersey Golf Classic sponsor this year but enclosed is our donation of \$_____.

Sponsor Representative Signature: _____ Date: _____

(Please sign and retain a copy for a records)

Please email a high resolution logo to Justin.Kessler@cancer.org no later than May 15th, 2022 to ensure high quality printing. Note, submitting a low resolution logo may require text to be used instead to maintain quality.

Please return form to the address below:

American Cancer Society
Attention: Coaches vs Cancer South Jersey Golf
P.O. Box 30386
Philadelphia, Pennsylvania 19103

Name of team or individual to be credited with this sponsorship:

_____ Not Applicable

