



SPONSORSHIP FORM

YES, I will join you as a Race to Cure Sarcoma sponsor for: (city)

PLEASE INDICATE SPONSORSHIP LEVEL (CHECK BOX)

<input type="checkbox"/>	Sarcoma Champion (Presenting) Sponsor	\$20,000
<input type="checkbox"/>	Sunflower Sponsor	\$10,000
<input type="checkbox"/>	Gold Sponsor	\$5,000
<input type="checkbox"/>	Yellow Ribbon Sponsor	\$2,500
<input type="checkbox"/>	Advocate Sponsor	\$1,000
<input type="checkbox"/>	Community Sponsor	\$500
<input type="checkbox"/>	Media Sponsor	-

SPONSOR INFORMATION:

Sponsorship Name (as you would like to be recognized): _____

Contact Person: _____

Phone: _____ Email: _____

Street: _____

City: _____ State: _____ Zip: _____

Company Website: _____

PAYMENT INFORMATION

Please Invoice Me

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Check: Payable to Sarcoma Foundation of America (please include city location on check)

Credit Card: AMEX VISA MASTERCARD Card _____

Expiration Date: _____ Security Code: _____ Signature: _____

Please return this form and payment to: **Sarcoma Foundation of America, 9899 Main Street, Suite 204, Damascus, MD 20872**