



Orange County Shoot for the Cure

September 6, 2008

Benefiting

Children's Hospital of Orange County (Oncology Floor) and American Cancer Society (Cancer Research) – Orange County, California

Sponsorship and Underwriting Contract

Contributions must be received by August 15, 2008 to be listed in the Event Program. PLEASE type or print all names legibly and exactly as they should appear in all event publications:

Donor/Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

I  would  would not like my name/company listed in event publications

as: \_\_\_\_\_

If donor agrees to publicize name in event publications; donor name and company name may be used in additional promotional materials, including, but not limited to: TV, radio, video, news media and a variety of printed publications.

TYPE OF SPONSORSHIP OR UNDERWRITING:

Cash Donation Level: \_\_\_\_\_ Donation: \$ \_\_\_\_\_ # Tickets \_\_\_\_\_

In-kind Donation of: \_\_\_\_\_ Fair Market Value: \$ \_\_\_\_\_

If valued above \$5,000, we need your Federal Tax ID # \_\_\_\_\_

Additional Tickets: \$10 each \$ \_\_\_\_\_ # Tickets \_\_\_\_\_

BILLING INFORMATION

Please charge my (circle one): VISA MasterCard DiscoverCard AMEX

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Printed Name on card: \_\_\_\_\_ Signature of card holder: \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_ made payable to ORANGE COUNTY SHOOT FOR THE CURE

Signature of Donor \_\_\_\_\_ Date \_\_\_\_\_

Orange County Shoot for the Cure Chairs: \_\_\_\_\_

We thank you for your support in the fight against cancer!

PLEASE SIGN AND MAIL CONTRACT WITH YOUR PAYMENT TO: Orange County Shoot for the Cure - 11 Sea Cove Lane – Newport Beach, CA 92660 Or email to diannamunro@aol.com – Fax: 949-717-7434



It is understood a portion of the proceeds will be used to cover the operational costs of this event.

