

American Cancer Society's 2018 Tampa Golf Classic

Sponsor Commitment Form

Corporation (as listed on all print): _____

Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Sponsorship and/or Underwriting Selection*: (Check all that apply below)

**Limited availability for each sponsorship*

\$25,000 Presenting Sponsor

\$4,000 Dinner Sponsor

\$10,000 Major Sponsor

\$3,000 Lunch Sponsor

\$5,000 Tour Sponsor

\$3,000 Golf Cart Sponsor

\$3,500 Foursome Sponsor

\$2,500 Cocktail Reception Sponsor

\$500 1-Hole Sponsor

Credit Card Payment: (See additional payment options below)

American Express MasterCard Visa Discover

Total amount to be charged on credit card \$ _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Additional Payment Options:

Please invoice me

Check enclosed (payable to the American Cancer Society)

Please Return Form to:

American Cancer Society, Inc., 3709 West Jetton Avenue, Tampa, Florida 33629

Kelsey Paris | Direct: (813) 319.5902 | Fax: (813) 254.5857 | Email: tpagolfclassic@cancer.org