

# Sponsorship Commitment Form



## Sponsorship Level

Please select the level of sponsorship.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Platinum \$25,000</b> | <input type="checkbox"/> <b>Gold \$10,000</b>   | <input type="checkbox"/> <b>Silver \$5,000</b> |
| <input type="checkbox"/> <b>Bronze \$2,500</b>    | <input type="checkbox"/> <b>Partner \$1,000</b> | <input type="checkbox"/> <b>Friend \$500</b>   |

Event Date:

CHICC Committee Member:

Organization:

Address:

Phone:

E-mail:

Contact:

Contact Signature:

Date:

### **Please make check payable to:**

Coach Hep Indiana Cancer Challenge  
PO BOX 8074  
Bloomington, IN 47407

Thank you! A receipt will be mailed to you. EIN is 26-1898418

We all have ties to cancer.



Don't quit. Join the fight!