# SPONSOR FORM

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|---|---|---|
| NAME: | | |
| Company: | | |
| Address: | | City: |
| State: | Zip Code: | Tele: |
| Email: | | Fax: |

*All contributions are tax deductible as allowed by law; Miles Against Melanoma kc is a non-profit organization with an IRS 501(c) (3) designation. Our EIN number is available upon request.*

I will need a table YES NO

I want to be on the shirt YES NO

I need a W-9 YES NO

## SPONSORSHIP LEVELS: CHECK YOUR CHOSEN LEVEL PLEASE

**_____SPF: 90: Presenting/Title $3000**

***-____ SPF: 75: (1) $ 1,000.00***

***____ SPF: 60 (2) $750.00***

***____ SPF: 50 (3) $500.00***

***____ SPF: 30 (4) $250***

***____ SPF: 15 (5) $100.00***

***____ In Kind Sponsor indicate product worth amount please: _____***

Mail all checks and completed forms to: Miles Against Melanoma Kc*P.O. Box 190* Grain Valley, MO 64029 by May 15, 2017. All logos must be sent to: hickerbillysound@live.com by May 5, 2017 in order to be included on our shirts.