



2019 Sponsorship Commitment Form

(Please Print)

Name(s): _____

Corporation Name: _____

Title: _____

Name (as it will appear in print for recognition): _____

Mailing Address: _____

City, State Zip: _____

Email: _____

Phone: _____ Fax: _____

Assistant's Name: _____ Assistant's Phone: _____

Assistant's Email: _____

Tickets

- \$4,000 Table Sponsor
- \$400 Ticket - Number of tickets _____

Sponsorships (please circle)

\$50,000 Monarch Sponsor

\$10,000 Court Sponsor

\$35,000 Noble Sponsor

\$5,000 Marquis Sponsor

\$25,000 Majesty Sponsor

\$10,000 Branded Take-Home Glass Underwriter

\$15,000 Royal Sponsor

\$7,000 Photobooth Underwriter

Please Charge Our Credit Card (or please send a check to the address below)

(Circle) Visa MasterCard American Express Discover

Total Amount to be charged to the credit card: \$ _____

Name on Card: _____

Card Number: _____ Expiration Date: _____

3-digit Security Code: _____ Signature: _____

Please email completed form to Ryan.Hollaender@cancer.org or mail to American Cancer Society Attn: Evening of Hope Gala at 4550 E. Bell Road, Suite 126 | Phoenix, AZ 85032



4550 E Bell Road, Suite 126, Phoenix, AZ, 85032
cancer.org | t: 602.586.7416 | f: 602.778.7699
Gala Chair: Monique Porras
ACS Staff: Ryan Hollaender

