



SPONSORSHIP COMMITMENT FORM

Sponsor or Corporation Name: _____

Contact Name: _____

Title: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

We will contribute at the following level:

- | | |
|--|---|
| <input type="checkbox"/> \$25,000 Presenting Sponsor | <input type="checkbox"/> \$5,000 Gold Glove Sponsor |
| <input type="checkbox"/> \$15,000 MVP Sponsor | <input type="checkbox"/> \$2,500 Silver Bat Sponsor |
| <input type="checkbox"/> \$10,000 Triple Crown Sponsor | |
- Enclosed is a check made payable to the Fred Hutchinson Cancer Research Center
- Please charge this credit card: ___ Visa ___ MC ___ Discover ___ Amex

Credit Card Number

Expiration Date

Signature

Date

Corporation Name as you want it listed for recognition

Please return completed form to the Hutchinson Center by fax at 206.667.4955 or e-mail commitment information to kascherr@fhcrc.org.

Questions: Contact Kristen Scherrer at 206.667.2980 or kascherr@fhcrc.org