

# Checking for Cancer Registration Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## SPONSORSHIP

MVP	\$10,000
Team Captain	\$5,000
Top Scorer	\$2,500

## Ad Sponsorship

Full page (7.5"x10") Ad Sponsor	\$750
Half page (7.5"x5") Ad Sponsor	\$400
Business Card (3.75"x5") Ad Sponsor	\$250

Send artwork to Melissa Stamps at: [stampsboys@me.com](mailto:stampsboys@me.com) by March 1, 2018

Questions: 610-937-0628

**Be A Patron: name listed in ad book**

\$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$200 \_\_\_\_\_ \$500 \_\_\_\_\_

Name to be featured in the Ad Book: \_\_\_\_\_

## Payment

Check enclosed made payable to: **Checking for Cancer  
P.O. Box 302  
Haverford, PA 19041**

Online payment: [www.checkingforcancer.org](http://www.checkingforcancer.org)

Visa      MasterCard      Discover      American Express

Card # \_\_\_\_\_ Expiration: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

I'm unable to attend but would like to make a contribution of \$ \_\_\_\_\_

*Please return your completed form and payment by Tuesday, March 1, 2018*