

# Triangle LUNGe Forward 2021 Sponsor Commitment Form

**Sponsor/Company Name** (list exactly as should appear in promotional materials):

**Mailing Address** (including city, state and zip):

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**SPONSORSHIP\* LEVEL** (Circle one)

- PRESENTING - \$25,000
- DIAMOND- \$15,000
- PLATINUM - \$10,000
- GOLD - \$5,000
- SILVER - \$2,500
- BRONZE - \$1,000
- COPPER - \$500

**IN-KIND** (Value) \$ \_\_\_\_\_

Description of product or services donated

**Method of Payment** (Circle one)

Send Invoice

Full Payment Enclosed

- Check made payable to: **Lung Cancer Initiative** (include **Triangle 2 Mile** in the memo)
- Charge Credit Card: (VISA / MASTERCARD / AMEX) circle one

**Name on card:** \_\_\_\_\_

**Card#:** \_\_\_\_\_ **CVC Code:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Logo \*** - Submit a high-resolution logo in BOTH .EPS and .JPG formats to [SOehler@LungCancerInitiativeNC.org](mailto:SOehler@LungCancerInitiativeNC.org). Inclusion of logos on printed event materials is dependent upon sponsorship level & procurement date in relation to printing deadlines.

**Event Day Exhibition** – Do you plan to exhibit at the event? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please mail or fax completed form and payment to:** Lung Cancer Initiative, 5171 Glenwood Ave, Suite 401, Raleigh, NC 27612 Phone: 919-784-0410 Fax: 919-784-0416

**Signature**

**Date**



**LUNG CANCER INITIATIVE**  
A NETWORK OF HOPE AND ACTION