

Triad 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 - \$10,000
- PLATINUM - \$7,500
- 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 **Triad 5K** 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. 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

