

2020 Sponsorship Form



MINOCQUA FOREST RIDERS

minocquaforestriders.org

Date: _____

Company or Individual: _____

Contact Person: _____

Street or PO Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Tax Deductible Sponsorship:

- \$1000.00 - Presenting Sponsor
- \$750.00 - Lunch Sponsor
- \$250.00 - Turbo Sponsor
- \$100.00 - 4 Stroke Sponsor
- \$ 50.00 - 2 Stroke Sponsor
- _____ General Donation

Total Amount: \$ _____

Payment Information:

- Please invoice me
- Check Enclosed (Payable to Minocqua Forest Riders, or MCHS Foundation for those over \$250 to receive a tax receipt)
- Credit Card MasterCard Visa Discover American Express

Name on Credit Card: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____ CSV Code: _____

Mail completed form with payment to:
MCHS Foundation— c/o Cruise for Cancer
1000 N Oak Ave
Marshfield, WI 54449