

# 2024 Sponsorship Form



Please fill out form completely:

Company or Individual: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street or PO Address: \_\_\_\_\_

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

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

## Tax Deductible Sponsorship:

- ☐ \$5,000 Premier Sponsor
- ☐ \$2,500 Title Sponsor
- ☐ \$1,000 Presenting Sponsor
- ☐ \$750 Lunch Sponsor
- ☐ \$500 Turbo Sponsor
- ☐ \$250 4 Stroke Sponsor
- ☐ \$100 2 Stroke Sponsor
- ☐ \_\_\_\_\_ General Donation

Total Amount: \$ \_\_\_\_\_

## Payment Information:

- ☐ Please invoice me
- ☐ Check Enclosed (Payable to 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—FIG— F1C  
Marshfield, WI 54449