



# COMMITMENT FORM

Company/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

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

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

## Sponsorship Level

\_\_\_\_ \$10,000 Survivor Support Presenting Sponsor

\_\_\_\_ \$3,000 AV Sponsor

\_\_\_\_ \$7,500 Wellness Retreat Sponsor

\_\_\_\_ \$2,500 Décor Sponsor

\_\_\_\_ \$5,000 Get Fit Sponsor

\_\_\_\_ \$2,000 Education Sponsor

\_\_\_\_ \$4,500 Table Gift Sponsor

\_\_\_\_ \$1,500 Print Sponsor

\_\_\_\_ \$4,000 Garden Sponsor

\_\_\_\_ \$500 Get Support Sponsor

\_\_\_\_ \$3,500 Retreat Scholarship Sponsor

\_\_\_\_ \$250 Cheers to the Chair Sponsor (next page for form)

\_\_\_\_ \$3,000 Mimosa Sponsor

\$ \_\_\_\_ Custom Sponsorship (please contact us)

## Mission Donation — I want to support Survivors!

\$ \_\_\_\_ — For donations of \$500 or more, please let us know how you would like to be recognized in the program

*\*Individual table and ticket sales will be available after September 1 at YouCanConquer.org.*

## Payment Method

Check Enclosed

Please Invoice My Company

Charge the Following Credit Card

Card Type (Circle One): AMEX Discover MC Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

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If you have any questions or to return this completed form, contact:

Liz Almli, MD, President

3482 E River Rd • Tucson, AZ 85718

Phone: (520) 505 –1406 • Info@TucsonCancerConquerors.org

*\*Please note, all payments must be received in full prior to the High Tea\**