

## **COMMITMENT FORM**

Promoting rieating survivorsing	
Company/Organization:	
Contact Name:	
Address:	
City: St	tate: Zip:
Phone: F	
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)
	now how you would like to be recognized in the program
*Individual table and ticket sales will be  Payment Method  Check Enclosed Please Invoice My Com	mpany Charge the Following Credit Card
Card Type (Circle One): AMEX Discover M	AC Visa
Card Number:	
Expiration Date:	CVV Code:
Name on Card:	
Signature:	

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

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