

# **American Cancer Society Relay For Life Sponsorship Opportunities**

**Note: If you or your company Underwrites an item, you will be recognized according to the cost of that item or service in that level of Sponsorship.**

**Example: If you Donate the Survivor Dinner and the cost is \$500 you will receive the same benefits as a Moon Sponsor.**

## **Power of Purple Sponsor- \$5,000**

Name and/or logo on all posters, print ads and websites where available  
Sign on track including your name  
Banner on track throughout event (sponsor provides)  
60 second copy, read aloud throughout the event (sponsor provides)  
Name and 2"x2" logo on back of event participant T-shirts  
Full-Page acknowledgement in the event program

## **Hope Sponsor - \$2,500**

Name listed in all print ads and websites where available  
Sign on track including your name  
Banner on track throughout event (sponsor provides)  
30 second copy, read aloud throughout the event (sponsor provides)  
Name and 1.5" x 1.5" logo on back of event participant T-shirts  
3/4-Page acknowledgement in the event program

## **Sun Sponsor - \$1,000**

Name listed on websites where available  
Sign on track including your name  
Banner on track throughout event (sponsor provides)  
15 second copy, read aloud throughout the event (sponsor provides)  
Name listed on back of event participant T-shirts (16.5 pt.)  
Half-Page acknowledgement in the event program

## **Moon Sponsor - \$500**

Sign on track including your name  
Quarter-Page Acknowledgement in the event program

## **Star Sponsor - \$100**

Sign on track including your name  
Mention in the event program

# Relay For Life Sponsorship Registration for University of Cincinnati

\_\_\_\_\_ **Power Of Purple Sponsor ~ \$5,000**

\_\_\_\_\_ **HOPE Sponsor ~ \$2,500**

\_\_\_\_\_ **Sun Sponsor ~ \$1,000**

\_\_\_\_\_ **Moon Sponsor ~ \$500**

\_\_\_\_\_ **Star Sponsor ~ \$100**

\_\_\_\_\_ **Underwriting  
Item** \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

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

E-mail \_\_\_\_\_

Phone (H) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Payment: Cash Check # \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

Credit Card: (Please Circle) VISA MC DIS AMEX

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

~ To Benefit the American Cancer Society ~

**Please mail, fax, or deliver this form with payment to:**

***American Cancer Society***

**2808 Reading Road, Cincinnati, OH 45206  
888.227.6446 (phone) or 888.227.2838 (fax)**