



Winthrop P. Rockefeller
Cancer Institute



September 7th, 2018
Statehouse Convention Center

Date _____

Name of Company, Foundation or Individual (please list the name as you want it to appear in the event materials)

Address _____ City, State, Zip _____

Contact Person _____ Phone _____ Fax _____

Email _____

Sponsorship Levels

- _____ Presenting (\$100,000)
- _____ Visionary (\$75,000)
- _____ Pioneer (\$50,000)
- _____ Innovator (\$25,000)

- _____ Forerunner (\$10,000)
- _____ Benefactor (\$5,000)
- _____ Patron (\$500 per person)

Signature Authorizing Sponsorship Commitment: _____

A receipt for your sponsorship gift will be provided, less the amount of the fair market value of goods and services offered with each sponsorship.

Payment

Seating will be prioritized by sponsorship level and date the commitment form is received.

Amount Enclosed \$ _____

Or please send invoice to address above _____

Final payment is due on or before December 31, 2018. Make all checks payable to Winthrop P. Rockefeller Cancer Institute Foundation.

Credit Card Information: Type: _____ Credit Card #: _____

Expiration: _____ Code: _____ Zip Code: _____

_____ We are unable to attend and decline the Gala tickets. Please consider our Sponsorship as a 100% charitable gift.
Enclosed is our donation of \$ _____