

DONATION, SPONSORSHIP & TICKET PURCHASE

First Name: _____ Last Name: _____

(Contact information of the person filling out form)

Business Phone: _____ Email: _____

SPONSORSHIP, TABLE AND TICKET INFORMATION:

Sponsorship Levels

Double Diamond ... \$25,000

Diamond ... \$15,000

Platinum ... \$10,000

Gold ... \$6,000

Silver ... \$3,000

Unable to attend but would like to make a donation

Individual Tickets

Individual Tickets ... \$185

Table of 8 ... \$1,480

Table of 10 ... \$1,850

Name/Company: _____

(As you would like displayed in event materials if applicable)

Mailing Address: _____

(Where you would like a tax letter sent to)

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PAYMENT INFORMATION:

Enclosed is a check made out to the **Share Your Heart Ball** in the amount of: \$ _____

I authorize American Cancer Society to charge my credit card listed below for the amount of: \$ _____

(All funds are restricted to Share Your Heart Ball to benefit Camp Rainbow Gold)

Card number: _____ Expiration date: _____

Name on card: (please print) _____ CVC code _____ (on back of card)

Authorized signature _____

If different than above:

Mailing Address: _____

City: _____ State: _____ Zip: _____

TABLE AND GUEST INFORMATION:

Please reserve our table under the Name: _____

Names of guests at our table (please print first and last name):

Guest Name: _____ Guest Name: _____

Guest Name: _____ Guest Name: _____

Guest Name: _____ Guest Name: _____

Guest Name: _____ Guest Name: _____

Guest Name: _____ Guest Name: _____