



Sponsorship Response Form

Name of Business, Organization, or Individual

Contact

Address

City

State

Zip Code

Phone

Email

Please select sponsorship amount:

___ \$50 Signage at the event

___ \$100 All of the above *plus* recognition on WUSM flat screen displays

___ \$250 All of the above *plus* recognition on the race T-shirt

___ \$500 All of the above *plus* verbal recognition at the event

Please select payment method:

___ Credit Card (Visa/Master Card/Discover): _____ Amount: \$ _____

Card Number: _____ Expiration Date: _____

___ Check enclosed Amount: \$ _____

Please make checks payable to: **Siteman Cancer Center** (memo section: **Sprint - Skin Cancer**)

Mail the completed form and check (if applicable) to:

Siteman Cancer Center Development Office
Attn: Mueiriel Carp
7425 Forsyth Blvd., Campus Box 1204
St. Louis, Missouri 63105

If your company has questions or chooses to donate gift certificates, coupons, goods or services, please contact: skincancer@dom.wustl.edu

Thank you for your support!