

SPONSORSHIP FORM

_____ will participate in Garding Against Cancer's Eau Claire event at the following level (please check below):

\$5,000 \$2500 \$1,000

I am not able to attend but would like to donate (full amount is tax deductible): \$ _____

I/We give permission to Garding Against Cancer to use my/our name(s) when listing sponsors in the event program, media releases, and promotional materials.

BILLING INFORMATION

Check payable to UW Foundation, with "Garding 112900078" in the memo line

Please send me/us an invoice.

Billing contact name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

COMPANY CONTACT INFORMATION

Company contact name: _____

Email: _____

Signature: _____

Phone: _____ Today's date: _____

Please send this completed form to:

Garding Against Cancer
University of Wisconsin Foundation
U.S. Bank Lockbox 78807
Milwaukee, WI 53278-0807
608-308-5149 | heather.garrison@supportuw.org

THANK YOU FOR YOUR SUPPORT!

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