



C.A.S.U.A.L. Day Sponsorship Commitment Form

Please Fill Out This Form Completely To Ensure That We Accurately Recognize Your Support.

Contact Name: _____

Company Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Name of Company/Contributor (as it should appear in promotional materials)

SPONSORSHIP LEVELS: * Please designate shirt styles below (short or long sleeve)

_____ \$10,000 - *Circle of Hope*
I would like the following sizes (S-4XL) for my 20 complimentary shirts: _____

_____ \$5,000 - *Circle of Courage*
I would like the following sizes (S-4XL) for my 12 complimentary shirts: _____

_____ \$2,500 - *Circle of Support*
I would like the following sizes (S-4XL) for my 10 complimentary shirts: _____

_____ \$1,000 - *Circle of Faith*
I would like the following sizes (S-4XL) for my 8 complimentary shirts: _____

_____ \$500 - *Circle of Inspiration*
I would like the following sizes (S-4XL) for my 4 complimentary shirts: _____

_____ \$250 - *Circle of Friends*
I would like the following size (S-4XL) for my 1 complimentary shirt: _____

Please contact the Cancer Institute at (570) 941-7984 if you need additional information.
[For \\$1,000 levels and above, please send your high resolution company logo in pdf, ai, or eps format to amanda.marchegiani@scranton.edu no later than Friday, January 25, 2019.](mailto:amanda.marchegiani@scranton.edu)

Please make check payable to the Northeast Regional Cancer Institute.
Please send this completed form along with your check to:
Northeast Regional Cancer Institute
Attn: C.A.S.U.A.L. Day
334 Jefferson Avenue
Scranton, PA 18510