



2019 SPONSORSHIP COMMITMENT FORM

Contact Name: _____
Company Name: _____
Address: _____
State/Zip Code: _____
Phone Number: _____
Email Address: _____

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

SPONSORSHIP LEVELS:

- _____ \$1,000 - *Circle of Faith*
- _____ \$500 - *Circle of Inspiration*
- _____ \$250 - *Circle of Friends*
- _____ Under \$250 - *Circle of Thanks*

Note: Please contact the Cancer Institute at (570) 941-7984 if you need additional information. For \$500 levels and above, please send your high resolution company logo (color) in jpeg, tif, pdf, or eps format to amanda.marchegiani@scranton.edu no later than Friday, August 2nd.

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: Cancer Survivors Day
334 Jefferson Avenue
Scranton, PA 18510