



2023 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) 904-8808 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@cancernepa.org no later than Friday, August 25th.

Please make check payable to the Northeast Regional Cancer Institute and send this completed form along with your check to:

Northeast Regional Cancer Institute
Attn: Cancer Survivors Day
312 Adams Avenue
Scranton, PA 18503