

FOR OFFICE USE ONLY:

DATE RECEIVED: _____
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We appreciate you! Your sponsorship will make an impact and give hope to families who are fighting cancer. Thank you for your time and consideration.

Sponsorship Contract: (please complete)

Company: _____

Contact for Sponsorship: _____

Contact for Sponsorship E-mail: _____ Website: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Fax Number: _____

Sponsorship Donation: \$ _____ In Kind Donation - Item Description: _____

Value: \$ _____

Please see Sponsor Benefits on separate sheet. Silver sponsor level and above, please email your 1 color logo in .eps (preferred format), .jpg, or .pdf to: info@sherryshope.org.

Terms of Agreement:

This agreement is effective as of _____ (date) and shall remain in effect until the end of the year.

This agreement defines the terms under which Sherry's Hope and _____ ("Sponsor") enter into a sponsorship agreement for the 5K Run/Walk.

Sponsor Signature _____ Date _____

Return by July 27th to be included on the back of the event t-shirt.

Your sponsorship donation would be appreciated no later than September 1st.

Any use of the Sherry's Run logo must obtain prior approval from Sherry's Hope Executive Board. Contact Corrie Cluck (615) 925-2592 for approval before printing. Copyright/Trademark pending approval.

Mail completed contract and sponsorship donation to:

Sherry's Hope

P.O. Box 8 , Lebanon, TN 37088-0008

Questions?

Contact: Corrie Cluck (615) 925-2592 or info@sherryshope.org

Sherry's Hope Inc. is a 501(C) (3) of the Internal Revenue Code.
Donations are tax deductible under section 170 of the code.