



2017 GNO SPONSORSHIP REGISTRATION FORM



SPONSOR INFORMATION:

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone Number(s): _____

E-mail: _____ Website: _____

DESIRED SPONSORSHIP LEVEL:

____ Presenting Sponsor (\$7,500) (**Cleveland Clinic**)

____ Bras for a Cause Sponsor (\$3,000) (**Vacationland Federal Credit Union**)

____ DreamCation Sponsor (\$2,500) (**Sam's Club**)

____ Balloon Sponsor (\$2,500)

____ Big Raffle Sponsor (\$2,500)

____ Corporate Sponsor (\$700 or \$600 if paid by September 29th)

____ Supporter (\$100)

Electricity Needed for Vendor Table: Yes ___ No ___

VENDOR LEVEL:

____ Vendor (\$300 or \$250 if paid by September 29th)

____ Non-Profit Vendor (\$150) May share table with another non-profit

ADDITIONAL SEATING @ \$40 Each:

Number of Additional Seats: _____ x \$40 each = \$ _____

SILENT AUCTION ITEM:

Description: _____ Estimated Value: \$ _____

Will Drop off at Cancer Services _____ Need to arrange for pick-up _____

**** We ask that all sponsors and vendors provide a Silent Auction item with a Retail value of \$75 or more.**

PAYMENT INFORMATION:

Payment Form: Check: _____ Cash: _____ Credit Card: _____ Credit Card Type: _____

Credit Card Number: _____ Expiration Date: _____

Card Security Code: _____ Signature: _____

(3-digit number on back of card)

TOTAL AMOUNT ENCLOSED:

Sponsorship Level Amount \$ _____ + Add'l Seats _____ = \$ _____

Please make checks payable to Cancer Services and send completed form and payment to:

Cancer Services; C/O Girls' Night Out, 505 E. Perkins Ave., Sandusky, OH 44870

Fax: 419.502.0222 419.626.4548