2021 SHOOT FOR THE CURE PARTNERSHIP FORM



| | | |
|---------|--|------|
| | | |
| | | |
| C | | |
| Company | | |
| | | |

| . , | | CHI | ILDHOOD CANCER | |
|---|-------------|---|----------------|--|
| Contact Name | | | | |
| Email Address | | Daytime Phone Number | | |
| Select Partnership Level: | | Sponsor a Shoot for the Cure Team: | | |
| ☐ National Sponsor | \$20,000 | ☐ Team Fighters | \$750 | |
| ☐ Final Four Sponsor | \$10,000 | ☐ Team Heroes | \$500 | |
| ☐ Elite Eight Sponsor | \$5,000 | ☐ Team Warriors | \$250 | |
| ☐ Sweet Sixteen Sponsor | \$2,500 | | | |
| ☐ Regional Sponsor | \$1,000 | | | |
| | | | | |
| Signature: | | Date: | | |
| | | | | |
| Payment Options and I | nformation: | | | |
| ☐ Check Enclosed payable to Seattle Children's Foundation | | ☐ Please invoice me for: \$ | | |
| | | ☐ Please provide information for an EFT payment | | |
| ☐ Donate via credit | card | | | |
| Name on Card: | | Card #: | | |
| ☐ Business Card ☐ Personal Card | | Exp. Date: | Code: | |

Kiwanis Children Cancer Program Seattle

The funds raised from this event will be directed to the **Seattle Children's Pediatric Hematology/Oncology Fellowship Program.**

Mail, Fax or Email your Sponsorship Form to:

Kiwanis Children Cancer Foundation Kiwanis Club of Seattle KCCP-S 201 Mt. Park Blvd. SW, #C-201 Issaquah, WA 98027 Fax 425-478--6323

Questions?

Jim – jgshootforthecure@gmail.com 425-478-4733

*SPONSORSHIP DEADLINE FOR MAXIMUM PRINT INCLUSION: APRIL 18, 2021

