

Donation Receipt/Sponsorship Agreement



Date _____

Donor _____
(Please print exactly how you wish to be acknowledged in program book if applicable)

Company name _____

Contact _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Check enclosed (amount) \$ _____

(Please make check payable to the American Cancer Society)

Name of event _____

Credit Card

Charge my Visa MC Amex

Name as it appears on card _____

Credit card # _____ Exp. Date _____ Amount \$ _____

Signature _____

I would / would not like my name/company to appear in event publications

I agree to the terms and conditions of the sponsorship proposal.

Signature _____ Date _____

In-Kind Donations *(please include description of donation)*

Included could be Cancer Resource Center supplies such as wigs, hats and scarves or other in-kind donations. For special event donations, include all facts, limitations, restrictions and quantities. Attach any artwork, tickets, photos, gift certificates.

(Note: The donor establishes the value of the in-kind donations.)

Retail Value of \$ _____

Item will be mailed delivered

Signature of donor _____ Date _____

Thanks for your contribution!

Please mail this form to:
American Cancer Society
4550 E Bell Road, Ste 126
Phoenix, AZ 85032

cancer.org | 1.800.227.2345

For office use only

Committee member/staff: _____

Date Received: _____

Prize #: _____

Notes: _____

To benefit cancer programs and services
Tax identification #13-1788491
American Cancer Society,
Great West Division, Inc.