

## **Sponsor Form**

I, the undersigned, agree to sponsor at the following level for use in The Cassie Hines Shoes Cancer Foundation's 12th Annual Glow Run on September 16th, 2023

Signature:			
Brief Description of Item: Sponsorship of 12th Annual Glow Run			
Check Level (description available on don	ation request letter a	ccompanyir	ng this form):
Glowing Sponsor (\$2500)		ĺ	I wish to make a cash donation in the
Bedazzled Sponsor (\$1000)			amount of \$
Neon Sponsor (\$500)			(Make check payable to: The Cassie Hines Shoes Cancer Foundation)
Glow Friend (\$100)			
COMPANY LOGO MUST BE EMAILED BY August 14th, 2023 IN VECTOR FORMAT TO: Sponsor@CHSCF.org  Donor's Name:			
Company Name:			
Address:			
City:	State:	Zip:	
Phone: Email:			
CHSCF Representative Name:			

**Donor:** Please return this form with your donation to the CHSCF Representative listed above or mail to:

The Cassie Hines Shoes Cancer Foundation P.O. Box 345 Washington, MI 48094

Phone: 586-322-0991 FAX: 586-232-1276

**Please keep a copy of this form for your records.** The Cassie Hines Shoes Cancer Foundation is an IRS recognized 501(c)3 organization eligible to receive contributions. Your contribution may be tax deductible under IRS regulations. All Donors will receive an Acknowledgement Letter after the event.