



Sickle Cell Association's
4th Annual Sickle Cell Stroll
Awareness Walk
Saturday, September 12, 2015

Sponsorship Agreement

For addition information, please contact:

Rosemary Britts ~ rbritts@sicklecellassociation.org ~ 314-277-3950

Sponsor Information:

Name of Business or Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Web Address: _____

Email: _____

Contact:

Sickle Cell Association will contact this individual regarding sponsor logo, promotional materials, or registration information.

Contact Name: _____

Phone (best # to call): _____ Email: _____

Sponsor Name: _____

(EXACTLY as it should appear on all Stroll materials, PLEASE PRINT)

TEAM INFORMATION: SCA would love to have our sponsors participate in the Stroll. Gather your troops and join in the fun. What a great way to show the community how much you care and advertise at the same time! We are looking for the largest and "most spirited" teams. Please indicate sponsor interest in forming a team.

YES, this sponsor is interested in forming a team to participate in the Stroll.
(The contact person, listed above, will receive information on creating a team)

NO, thanks.

Sponsorship Contribution Levels:

- _____ Full Moon \$10,000
- _____ Gibbous Moon \$5,000
- _____ Quarter Moon \$2,500
- _____ Crescent Moon \$1,000
- _____ New Moon \$500
- _____ Lunar \$250

VALUE of SPONSORSHIP: (Fill in below)

1. CASH \$ _____

2. IN-KIND \$ _____

TOTAL CONTRIBUTION: \$ _____

In-Kind Item/s

- 1. _____ Market Value: \$ _____
- 2. _____ Market Value: \$ _____
- 3. _____ Market Value: \$ _____

(Attach additional sheets if needed)

Total In-Kind Value: \$ _____

**Make checks payable to:
Sickle Cell Association
P.O. Box 2751
Florissant, MO 63032**

Thank You for supporting Sickle Cell Association!

www.sicklecellassociation.org

For Office Use Only:

Check # _____ Amount _____ SCA Representative _____

_____ Receipt Sent _____ Team Contacted _____ # of participant's _____ Other _____