



Clearwater – Cycle/Run/Walk

September 17, 2016

SPONSORSHIP AGREEMENT

SPONSORSHIP LEVELS

- \$ 15,000 — **Presenting Sponsor**
- \$ 10,000 — **Platinum Sponsor**
- \$ 7,500 — **Gold Sponsor**
- \$ 5,000 — **Silver Sponsor**
- \$ 2,500 — **Bronze Sponsor**
- \$ 1,000 — **Partner Sponsor**
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Sponsorship Level: _____ \$ _____

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Contact Name Title

Address City State Zip

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Authorized Signature: _____ Date: _____

____ My check is enclosed ____ I prefer to be invoiced ____ Please charge my Visa/MasterCard

Visa/MasterCard (please circle) #: _____ Expiration date: _____

Billing Address: _____

**Please mail payment and signed agreement to: Brain Tumor Alliance
P.O. Box 7607, St. Petersburg, FL 33704, Attn: Clearwater Cycle/Run/Walk**

For more information, please contact Debbie Turner, Executive Director
Phone: 727-781-4673 • Fax: 727-781-6425 • Email: Debbie@braintumoralliance.org

Thank you for your support!