

**Health Sciences Academy
SHAVE THIS HEAD**

Sponsorship Form

Yes! I would like to support this event at the following level:

- \$350 GOLD LEVEL sponsor**
- \$250 SILVER LEVEL sponsor**
- \$100 BRONZE LEVEL sponsor**
- I cannot participate this year, but I would still like to help. Enclosed please find my contribution of \$ _____

If a Gift-In-Kind sponsor, please complete the in-kind form and submit with items or services provided:

In-Kind Monetary Value \$ _____

Contact Information

Name or Business Name (as you would like it to appear): _____

Name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email: _____

Payment Details

- Cash** (amount) \$ _____
- Check #** _____ (make checks payable to "Chub O'Reilly Cancer Center Fund")

Credit Card: Visa Mastercard Discover American Express

Name as it appears on card: _____

Card #: _____ Exp Date: ____/____

Signature: _____

Sponsorship Levels:

\$350 GOLD Sponsor:

- ❖ Recognition before music / announcements
- ❖ Company name listed on t-shirt
- ❖ Booth space if desired
- ❖ Company name on event flier and website

\$250 SILVER Sponsor:

- ❖ Company name listed on t-shirt
- ❖ Booth space if desired
- ❖ Company name on event flier and website

\$100 BRONZE Sponsor:

- ❖ Booth space if desired
- ❖ Company name on event flier and website

Questions? Contact Us

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