

## COMPANY INFORMATION

Company Name

Contact Person

Address

Email

City

State

Zip

Phone

We do not sell, rent, exchange or otherwise share your information with any other organization or individual.

## EVENT SPONSORSHIP

If you would like to be a corporate partner for one of our events, please mark the event(s) and sponsorship level(s) below.



### JUNE 10, 2022

- Presenting Mission Sponsor - \$5,000
- HOPE Sponsor - \$2,500
- Birdie Sponsor - \$1,000
- Par Sponsor - \$500
- Hole Sponsor - \$250



### JUNE 11, 2022

- Grand Slam Sponsor - \$1,000
- Home Run Sponsor - \$500
- Base Hit Sponsor - \$250



### NOVEMBER 18, 2022

- Title Sponsor - \$15,000
- CURE Sponsor - \$10,000
- Mission Sponsor - \$5,000
- Outrageous Sponsor - \$2,500
- Libations and CUREtini Sponsor - \$1,500
- Rockin' Sponsor - \$1,000
- Party On Sponsor - \$500



### I WOULD LIKE TO SUPPORT PATIENTS IN NEED THROUGH TRUST IN HOPE:

- Provide \_\_\_ families of 4 with Thanksgiving meals at \$100/family, totaling \$\_\_\_\_\_
- Provide \_\_\_ children with Christmas gifts at \$200 each, totaling \$\_\_\_\_\_

## DISTANCE SPONSOR

- 3 year commitment to any or all of our annual event(s) at the level of your choice.
- Special Program Recognition
- Yearly Invoicing Provided

## IN-KIND DONATION

According to IRS guidelines, it is the donor's responsibility to determine the present fair market value (FMV) of items donated. Your estimates below help us recognize your gift appropriately. Please attach an additional sheet if needed.

Description of item(s) or service(s)	FMV
_____	\$ _____
_____	\$ _____

## DONATION

Meaningful outright gifts to further the mission of the Foundation are always appreciated. If you would like to designate your gift to a certain fund, please indicate your desire below. Thank you for your support!

Amount \$ \_\_\_\_\_  Research  Volunteers  Patient Services  Other  
 In memory of  In honor of

\_\_\_\_\_  
Name

\_\_\_\_\_  
Please Notify Name

\_\_\_\_\_  
Address

## PAYMENT OPTIONS

-  **ONLINE**  
[www.illinoiscancercarefoundation.org/donate](http://www.illinoiscancercarefoundation.org/donate)
-  **CALL**  
309-243-3437
-  **MAIL** *Checks payable to the Illinois CancerCare Foundation*  
8940 N Wood Sage Road | Peoria, IL 61615

**Please return form to Illinois CancerCare Foundation**  
8940 N Wood Sage Road | Peoria, IL 61615  
Ph: 309.243.3437 | Email: [hope@illinoiscancercarefoundation.org](mailto:hope@illinoiscancercarefoundation.org)  
[illinoiscancercarefoundation.org](http://illinoiscancercarefoundation.org)

