



Sickle Cell Association

Sickle Cell Association's

Committed to the Cause

Sickle Cell Gala

Saturday, September 29, 2018

Sponsorship Agreement

For addition information, please contact:

Rosemary Britts ~ rbritts@sicklecellassociation.org ~ 314-833-6751

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)

Sponsorship Contribution Levels:

- _____ Diamond \$10,000
- _____ Platinum \$5,000
- _____ Gold \$3,000
- _____ Silver \$1,500
- _____ Bronze \$1,000
- _____ Copper \$500

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 _____