



**Sickle Cell Association**

# **Sickle Cell Association's**

**Committed to the Cause**

**Sickle Cell Gala**

**Saturday, November 5, 2022**

## Sponsorship Agreement

For additional information, please contact:

Rosemary Britts ~ [rbritts@sicklecellassociation.org](mailto: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 additional ticket information.

Contact Name: \_\_\_\_\_

Phone (best # to call) \_\_\_\_\_ Email: \_\_\_\_\_

**Sponsor Name:** \_\_\_\_\_

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

Sponsorship Contribution Levels:

- \_\_\_\_\_ Diamond \$10,000
- \_\_\_\_\_ Platinum \$5,000
- \_\_\_\_\_ Gold \$2,500
- \_\_\_\_\_ Silver \$1,000
- \_\_\_\_\_ Bronze \$500
- \_\_\_\_\_ Copper \$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](http://www.sicklecellassociation.org)

For Office Use Only:

Check # \_\_\_\_\_ Amount \_\_\_\_\_ SCA Representative \_\_\_\_\_

\_\_\_\_\_ Receipt Sent \_\_\_\_\_ Contact Reached \_\_\_\_\_ # of Attendee's \_\_\_\_\_ Other \_\_\_\_\_