

AMERICAN CANCER SOCIETY

# Masquerade BALL



Business name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone number (business): \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_ Web address: \_\_\_\_\_

## COMMITMENT LEVEL

- ☐ \$15,000 – Presenting    ☐ \$5,000 – Strength    ☐ \$1,000 – Courage  
☐ \$10,000 – Legacy    ☐ \$2,500 – Hope    ☐ \$250 – Wall of HOPE

## METHOD OF PAYMENT

☐ Enclosed is my sponsorship check in the amount of \$ \_\_\_\_\_

☐ Charge my credit card (please print clearly)

Card Type:    ☐ VISA    ☐ MasterCard    ☐ Discover    ☐ AMEX

Cardholder's name: \_\_\_\_\_

Billing address: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_ Security code: \_\_\_\_\_

☐ Please send invoice to: \_\_\_\_\_

We are unable to be a designated Masquerade sponsor this year but enclosed is our donation of \$ \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please sign and retain a copy for your records.)*

Please return form to the address below:  
American Cancer Society  
3550 Mullan Rd Suite 103 Missoula, MT 59808  
Attention: Masquerade Ball

*American Cancer Society, Inc.  
Federal Tax ID #13-1788491  
Organized under IRC 501(c)(3)*

Or fax to: 406-327-0146

