

# Taste of Hope



## Corporate Sponsor Information

**Name** \_\_\_\_\_

**Company** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Address** \_\_\_\_\_

## Corporate Contact for Sponsorship

**Name** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

## Sponsorship Levels

- Advocate Sponsor - \$15,000 (10 tickets)
- Advancing Sponsor - \$10,000 (8 tickets)
- Aiding Sponsor - \$5,000 (6 tickets)
- Assisting Sponsor - \$2,500 (4 tickets)
- Action Sponsor - \$1,000 (2 tickets)

## Payment Information

Checks can be made payable to "Atlanta Cancer Care Foundation" Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please mail check to ACCF, 5670 Peachtree Dunwoody Rd, Suite 1100, Atlanta, GA 30342

Credit Card (circle):    VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER

Amount Authorized: \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed agreement to [bmiller@atlantacancercarefoundation.org](mailto:bmiller@atlantacancercarefoundation.org).