

PRESENTED BY





APRIL 9, 2020 10:30 AM - 1:00 PM

THE BOWDEN EVENT CENTER

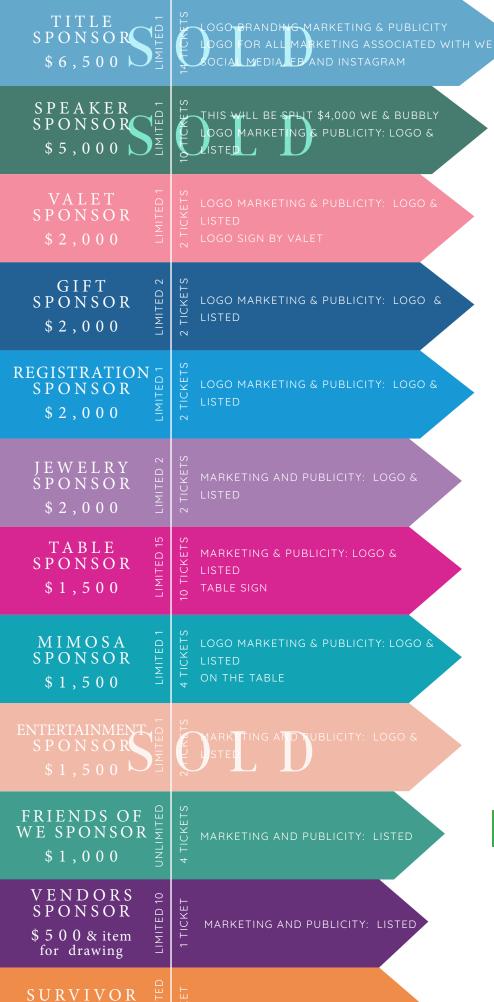
1775 KELLER PARKWAY • KELLER, TEXAS

Co-Chairs: VERONICA DARNELL SHANNON GUTHRIE LAURA HARRYMAN

SPONSOR CONT	TRACT	
PLEASE CLEARLY PRINT YOUR NAI	ME AS YOU WISH IT TO APPEAR IN EVENT AD	VERTISING.
BUSINESS NAME	CONTACT NAME	
BUSINESS ADDRESS		
CITY	STATE ZIP	
EMAIL	PHONE	
PLEASE SELECT	SPONSOR LEVEL:	
⊒ TI SL@ 	☐ REGISTRATION SPONSOR \$2,000	□ ENSERTAINMENT SPONSOR \$1,500
⊒ SPEÆKERDSPONSOR \$5,000	☐ JEWELRY SPONSOR \$2,000	☐ FRIENDS OF WE \$1,000
☐ VALET SPONSOR \$2,000	☐ TABLE SPONSOR \$1,500	☐ VENDORS \$500
☐ GIFT SPONSOR \$2,000	☐ MIMOSA SPONSOR \$1,500	☐ SURVIVOR SPONSOR \$500
☐ TICKET DONOR: I would like to cancer patien	o purchase ticket(s) to be donated to	one or more recently diagnosed
METHODS OF PA		
□ CHECKS \$	(MAKE PAYABLE TO ME ² CANCER FOUN	DATION)
MAIL TO: ME ² CANCER FOUNDATION	ON, 450 N. KIMBALL, SUITE 140 SOUTHLAKE	E, TX 76092
□ VENMO: ME_SQUARED	☐ ZELLE: MESQUAREDCANCERFO	OUNDATION@GMAIL.COM
BILLING ADDRESS		
DIELING ADDRESS		
CITY:	STATE:ed with my sponsorship and agree to the mo	ZIP:
I understand all benefits associat	ed with my sponsorship and agree to the mo	ethod of payment noted above.
SIGNATURE:		

□ I WILL NOT BE USING MY RESERVATIONS AND WISH TO RECEIVE A FULL TAX DEDUCTION FOR MY GIFT.

Sponsorship form must be received by March 27, 2020 for your name to be included in publications.



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