Sponsorship Commitment Form
Event Date: April 24, 2020

Check One

○  **Freestyle • $5,000**

○  **Buzzcut • $2,000**

○  **Mohawk • $1000**

○  **Fauxhawk • $500**

○  **Crewcut • $250**

○  **Trim • $100**

Name:_____

Contact Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____

Email:_____

Signature:_____ Date:_____

☐ Check Enclosed (Make Payable to Vidant Health Foundation)

☐ Credit Card Please circle one: Visa Mastercard Discover AMEX

Card Number:_____Expiration Date:_____

☐ Paid Online at www.vidanthealthfoundation.com/pirates-vs-cancer

Please return by March 13, 2020 to:
Vidant Health Foundation, Attention: Pirates Vs. Cancer, P.O. Box 8489, Greenville, NC 27835

Please email a color and black/white version of your company logo in either of the following formats: eps, tif or jpg to rhonda.james@vidanthealth.com no later than March 13, 2020 to ensure proper recognition.