

## Sponsorship Commitment Form Event Date: April 23, 2021

	• •
	Check One
	○ Freestyle • \$5,000
	O Buzzcut • \$2,000 O Mohawk • \$1000
	○ Fauxhawk • \$500
	O Trim • \$100
Name:	
Contact N	ame:
Address:	
City:	State: Zip:
Phone:	Fax:
Email:	
Signature:_	Date:

Paid Online at <a href="https://www.vidanthealthfoundation.com/pirates-vs-cancer">www.vidanthealthfoundation.com/pirates-vs-cancer</a>

☐ Check Enclosed (Make Payable to Vidant Health Foundation)

Please return by March 19, 2021 to:

Credit Card Please circle one:

Card Number:

Vidant Health Foundation, Attention: Pirates Vs. Cancer, P.O. Box 8489, Greenville, NC 27835

Visa Mastercard

Discover AMEX

\_\_\_\_Expiration Date:\_\_

Please email a color and black/white version of your company logo in either of the following formats: eps, tif or jpg to <a href="mailto:rhonda.james@vidanthealth.com">rhonda.james@vidanthealth.com</a> no later than March 19, 2021 to ensure proper recognition.