

Presented by

Partner Commitment Form





My company would like to be a proud sponsor of the **American Cancer Society - Re-Imagine Charlotte Gala** Saturday, November 20, 2021 at Sheraton Center City

Please Print:				
Company	Name: (as will appear	on signage)		
Company	Contact:			
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City:			State:	Zip:
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Please res	serve the following Le	evel of Sponsorship f	or my company:	
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Please retu	urn this form with your	payment.		
The gala co	ommittee will need you	r corporate logo by Se	ptember 10, 2021 for reco	ognition in the digital program
□ Please i	nvoice me at the addre	ess above		
		of: ole to American Cancer	Society. Memo line: K7Y	'G3G
	charge my credit card: /isa □ MasterCard	(check one) ☐ American Express	;	
Acc	ount #		Expiration Date:	CBB:
Name on Card:		Phone: () _		

Mail or Email to: **American Cancer Society**

Attn: Joyce Caron-Mercier 1901 Brunswick Ave, suite 100

Charlotte, N.C. 28207

Phone: 704.906.4547

Email: Joyce.CaronMercier@cancer.org

www.acsengage.org/reimaginecharlotte