



SPONSORSHIP CONFIRMATION FORM

Please fill out and return as soon as possible,
Provide as much detailed information as you can.

Sponsorship Level: (please check one)

- | | |
|---|--|
| <input type="checkbox"/> Major Event Sponsorship at \$5,000 | <input type="checkbox"/> Post Run Lunch Sponsor at \$1,500 |
| <input type="checkbox"/> T-Shirt Sponsor at \$2,500 | <input type="checkbox"/> Rest Stop Sponsor at \$500 |
| <input type="checkbox"/> Gift Giveaway Sponsor at \$2,500 | <input type="checkbox"/> Small Business Sponsor at \$250 |
| <input type="checkbox"/> Gift Sponsor at \$2,000 | |

Corporate Name _____
As it should appear on the event signage

Contact person _____

E-Mail _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____

Signature _____ Date _____

- Payment to Follow
- Check included
- We will be unable to sponsor this year but wish to donate. General Donation Amount : \$ _____
- We will be unable to sponsor this year, please include us in 2011 planning.

Send or Fax completed form to:

Nirvana Cobb, Special Event Manager
United Cerebral Palsy of Southeastern Wisconsin
7519 West Oklahoma Avenue, Milwaukee, WI 53219
Phone: 414.329.4500 Fax: 414.329.4510
Email: ncobb@ucpsew.org

