Sponsorship Form

Please return this completed form to: Team Billy, 38 Fifth Avenue, Saratoga Springs, NY 12866

For questions regarding your sponsorship commitment, please contact Cherie Grey. cgrey1@juno.com. For further information, or to complete online form, please visit our website, www.teambilly.org.

Sponsor Information

Sponsor Name: _______________________________________________________________________________________________________________________

(We reserve the right to abbreviate the text for space considerations)

Contact Name: ____________________________________________________ Title: ______________________________________________________________

Address: ________________________________________________________________________________________________________________________________

City: ______________________________________________________________ State: __________________________ Zip: __________________________

Phone: ________________________ Cell Phone: ________________________

Email: ________________________

Sponsorship Levels

Platinum: $5,000  (name included on all promotional items and T-shirt)

Titanium: $2,500  (name included on all promotional items and T-shirt)

Gold: $1,000  (name included on all promotional items and T-shirt)

Silver: $500  (name included on website, on-site posters and T-shirt)

Bronze: $250  (name included on website and on-site posters)

In-kind Donation  (name included on on-site posters)

Product description: __________________________________________________________________________________________________________________

Fair market value of in-kind donation: $ _________________________

In addition to sponsorship, our company would like to form a Team. Contact Cherie Grey at 518-587-7211 for team inclusion.

Team Contact: _______________________________________________________________________________________________________________________

Phone: ________________________________________________________ Email: _____________________________________________________________

I am unable to sponsor, but would like to make a donation: $ _________________________

Payment Type  The NBTS Tax ID#/EIN is 04-3068130

Check enclosed, payable to Team Billy or National Brain Tumor Society.

Charge my credit card $ ________________

Circle one: Visa / Mastercard / American Express / Discover

Card #: ________________________ Exp. Date: _________ / _________ CVC#: _________

Please print name as it appears on card

Signature of Cardholder

Payment Authorization

Authorized Signature ________________________ Date ________________________

Print Name ________________________ Title ________________________

Commitment Deadlines for Sponsor Benefits

Event T-shirts: April 15  Event Signage and Website: April 15