



Sponsorship Commitment Form

We're proud to join the fight against melanoma!

Please select your sponsorship level:

- \$25,000 Title Sponsor
- \$10,000 Research Sponsor
- \$5,000 Education Sponsor
- \$2,500 Advocate Sponsor
- \$1,000 Friend Sponsor

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

PAYMENT INFORMATION:

Check Enclosed (please make payable to DC Wings of Hope)

Credit Card

American Express
 Discover
 MasterCard
 Visa

Card #: _____

Billing Address Associated with Card _____

Expiration: _____ Security Code/CVV#: _____

Signature: _____

Please mail completed form to: DC Wings of Hope
Attn: Julie Shuey
21550 Beaumeade Circle
Ashburn, VA 20147

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