



For additional information please contact:  
Amber Bender - [amberbender@addisfaith.org](mailto:amberbender@addisfaith.org) 281.785.4098

## Sponsorship Contact

### SPONSOR INFORMATION:

Donor/Company Name: \_\_\_\_\_

Please print name EXACTLY as it should appear on all race related materials.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Web address: \_\_\_\_\_

Email: \_\_\_\_\_

### WORKING CONTACT:

AFF will be in contact with this individual for sponsor logo, promotional opportunities, and registration information.

Working Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### TEAM INFORMATION:

AFF would love to have our sponsors participate on Race Day. Gather your troops and join in the fun. Please indicate sponsor interest in forming a team.

- YES, this sponsor is interested in forming a team to participate on Race Day.**  
(The contact person, listed above, will receive information on creating a team)
- NO, thanks**

## Sponsorship Contribution Levels:

_____ \$20,000 Presenting Sponsor	
_____ \$10,000 Champion	
_____ \$5,000 Believe	
_____ \$2,500 Hope	
_____ \$1,000 Dream	
_____ \$500 Faith	

In-Kind Donation of \_\_\_\_\_ valued at \$ \_\_\_\_\_

Please make checks payable to **Addi's Faith Foundation** or charge \$ \_\_\_\_\_ to:

American Express    MasterCard    Discover    Visa

Card number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sec. Code \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Signature \_\_\_\_\_

**Submit to:**

Addi's Faith Foundation  
2410 Riverway Oak Drive  
Kingwood, TX 77345

E-mail company logo in high resolution jpeg and print ready PDF to:  
[amberbender@addisfaith.org](mailto:amberbender@addisfaith.org)

**Thank you for joining the fight against childhood cancer!**



Funding Research ~ Fighting Cancer ~ Finding Hope  
[www.AddisFaith.org](http://www.AddisFaith.org)