The Board of Associates of Fox Chase Cancer Center Presents



REGISTER AND PAY ONLINE! VISIT: http://donate.foxchase.org/sponspaws REGISTER AND PAY ONLINE! VISIT: http://donate.foxchase.org/sponspaws
OR MAIL THIS COMPLETED FORM WITH PAYMENT TO THE ADDRESS BELOW

Participating Sponsor Information Form

Please reserve the following sponsorship level (select one):

☐ Top Dog (\$5,000)	Champion (\$2,500)	☐ Best in Group (\$1,500)	Best of Breed (\$500)
Name:	in promotional materials)		
Address:			
Contact Name:(If different from above)			
Phone:		Email:	
Website:			
Name(s) of Walk Participants	s:		
Items You Will Be Displaying	/Distributing:		
Please Select All That Apply:	☐ Please include my business card/brochure in the giveaway bags. (\$1,500 and above) ☐ Please include my logo on the Paws for the Cause website. (Vector art required)		
Please Charge My:	American Express	Visa Mastercard	Discover
Card#:		Expiration Date:	
Name on Card:		CVV:	
Billing Address:			
Signature:			
Enclosed is my check, ma	de payable to Fox Chase Cance	Center – Paws for the Cause.	

ONLINE REGISTRATION AND PAYMENT:

http://donate.foxchase.org/sponspaws



Please mail this completed form with payment to the address below:

> **Board of Associates** Fox Chase Cancer Center 333 Cottman Avenue Philadelphia, PA 19111

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It is the policy of Fox Chase Cancer Center and Temple University Hospital, Inc., that no one shall be excluded from or denied the benefits of or participation in the delivery of quality medical care on the basis of race, ethnicity, religion, sexual orientation, gender, gender identity/expression, disability, age, ancestry, color, national origin, physical ability, level of education, or source of payment.