The Board of Associates of Fox Chase Cancer Center Presents



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)	□ Be	est in Group (\$1,5	<i>(00)</i>	Best of Breed (\$500)
Name:	<u>-</u>				
(As you would like it to appea	r in promotional materials)				
Address:					
Contact Name:(If different from above)					
Phone:	Email:				
Website:					
Name(s) of Walk Participant	ts:				
Items You Will Be Displaying	g/Distributing:				
Please Select All That Apply: Please include my business card/brochure in the giveaway bags. (\$1,500 and a					
	Please include my logo	on the Pav	s for the Cause web	site. (Vec	tor art required)
Please Charge My:	American Express	Visa	Mastercard	☐ Dis	cover
Card#:			_ Expiration Date: _		
Name on Card:			_ CVV:		
Billing Address:					
Signature:					
Enclosed is my check, m	ade payable to Fox Chase Can	cer Center	– Paws for the Caus	e.	

ONLINE REGISTRATION AND PAYMENT:

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

to Support Cancer Research

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