

The Board of Associates of Fox Chase Cancer Center Presents

The 26th Annual Dog Walk to Support Cancer Research

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 <i>(\$5,000)</i> | ☐ Champion (\$2,500) | □ Be | est in Group (\$1,500 |)) Best of Breed (\$500) |
|---|------------------------------|-------------|-------------------------|--------------------------|
| Name: | | | | |
| (As you would like it to appear | 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 Pav | s for the Cause website | e. (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 | ide pavable to Fox Chase Car | ncer Center | - Paws for the Cause. | |

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

> **Anna Honer** Fox Chase Cancer Center 333 Cottman Avenue Philadelphia, PA 19111