

SPONSORSHIP Commitment Form

Name: _____

For individuals: as you would like it listed in materials; for companies: primary contact

Company: _____

As you would like it listed in materials, if applicable

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

I would like to support CHAMPS for Mott at the following level:

- | | |
|---|---|
| <input type="radio"/> \$25,000 Presenting Sponsor (Received at \$24,650*) | <input type="radio"/> \$5,000 Friendship Sponsor (Received at \$4,900*) |
| <input type="radio"/> \$15,000 Little Victors Sponsor (Received at \$14,725*) | <input type="radio"/> \$3,000 Maize Sponsor (Received at \$2,950*) |
| <input type="radio"/> \$10,000 Miracle Sponsor (Received at \$9,800*) | <input type="radio"/> \$1,500 Blue Sponsor (Received at \$1,475*) |

*Based on fair market value

Please accept payment in the form of:

- Check payable to "University of Michigan"
- Credit card
- Visa MC AmEx Discover

Is this credit card:

- Personal Business

Name on card: _____

Card number: _____ A team member will connect with you for payment Exp. Date: _____

SIGNATURE: _____ **Date:** _____

The University of Michigan cannot accept payments from family foundations or donor-advised funds for goods and services.

Any tickets purchased for this event must be paid in full, separately, with a personal check or credit card.

***If you are paying with a check from a private foundation or donor advised fund, please call 734-764-6777.**



For more information, contact:
Gene Skidmore
734-763-6154
gskidz@umich.edu

Completed forms can be sent to:
Michigan Medicine Office of Development
1000 Oakbrook Drive, Suite 100
Ann Arbor, MI 48104

Sponsorship must be confirmed by October 5, 2020, for inclusion in social media, on event website, and during the event.