



M A S K S *for* A I D:
I M P A C T

2019 SPONSORSHIP AGREEMENT

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Company: _____

List in program as: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Presenting Sponsor \$25,000

Champion Sponsor \$10,000

Premiere Sponsor \$5,000

Supporting Sponsor \$2,500

My check is enclosed (payable to HNC Living Foundation)

Please invoice me.

Credit card: Mastercard Visa American Express

Credit Card # _____ Exp. Date: _____ Sec. Code: _____

Name on card: _____

Signature: _____

I am unable to attend, but wish to support HNC Living Foundation.

Enclosed is my tax-deductible donation of \$ _____

To date, all donations have benefited head and neck cancer patients in the Kansas City area. Increasingly, HNC Living is being contacted by patients in need beyond the Kansas City area for assistance. Your donation may also be used to benefit head and neck cancer patients in communities outside the Kansas City region. To restrict your donation for use in the Kansas City region only, please contact us at 913-402-6028.

PLEASE RETURN COMPLETED FORM

MAIL:

HNC Living Foundation
6240 W. 135th St., Ste. 200
Overland Park, KS 66223

EMAIL:

Danielle@HNCLiving.org