

Calact Changarahin

## **Sponsorship Commitment Form**

## Thank you for your interest in partnering with us!

Coloot Undominities

Your support is greatly appreciated and will directly impact the lives of kids, adults and their families living with muscular dystrophy, ALS and related life-threatening diseases that take away muscle strength and mobility.

<ul> <li>□ Presenting Sponsor - \$25,000</li> <li>□ Champion Sponsor - \$15,000</li> <li>□ MVP Sponsor - \$10,000</li> <li>□ Hall of Fame Sponsor - \$5,000</li> <li>□ All-Star Sponsor - \$1,500</li> </ul>	<ul> <li>□ VIP Reception - \$7,500</li> <li>□ Wine Pull - \$5,000</li> <li>□ MDA Ambassador Table Spons</li> <li>□ Send a child to MDA Summer C</li> </ul>	or — \$2,500
Purchase a Sponsorsi YES! I would like to sponsor the 2017 L	ansing MDA Muscle Team.	
I understand that my sponsorship will b	De confirmed upon receipt of this fo	rm and payment to MDA.
Company Name		
Contact Name		
Phone	Email	
Address		
City	State	ZIP
Payment Information		
<ul><li>Enclosed is my check for the total spor</li></ul>	nsorship amount. (All checks must be ma	de payable to: Muscular Dystrophy Association)
$\square$ We are unable to attend, but would like	e to make the enclosed tax-deductible	e contribution to MDA: \$
☐ Please bill my (please check one): ☐	Discover ☐ MasterCard ☐ Vis	sa AMEX
Card#		Exp. Date
Name (as it appears on card)		Billing ZIP Code
 Signature		

Please return completed form and payments to Muscular Dystrophy Association Attn: Cindy Clark no later than August 25, 2017.