



**Sickle Cell Association's  
5th Annual Sickle Cell Stroll  
Awareness Walk  
Saturday, September 10, 2016**

Sponsorship Agreement

For addition information, please contact:

Rosemary Britts ~ [rbritts@sicklecellassociation.org](mailto:rbritts@sicklecellassociation.org) ~ 314-833-6751

**Sponsor Information:**

Name of Business or Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Web Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact:**

Sickle Cell Association will contact this individual regarding sponsor logo, promotional materials, or registration information.

Contact Name: \_\_\_\_\_

Phone (best # to call): \_\_\_\_\_ Email: \_\_\_\_\_

**Sponsor Name:** \_\_\_\_\_

(EXACTLY as it should appear on all Stroll materials, PLEASE PRINT)

**TEAM INFORMATION:** SCA would love to have our sponsors participate in the Stroll. Gather your troops and join in the fun. What a great way to show the community how much you care and advertise at the same time! We are looking for the largest and "most spirited" teams. Please indicate sponsor interest in forming a team.

**YES, this sponsor is interested in forming a team to participate in the Stroll.**  
(The contact person, listed above, will receive information on creating a team)

**NO, thanks.**

Sponsorship Contribution Levels:

- \_\_\_\_\_ Full Moon \$10,000
- \_\_\_\_\_ Gibbous Moon \$5,000
- \_\_\_\_\_ Quarter Moon \$2,500
- \_\_\_\_\_ Crescent Moon \$1,000
- \_\_\_\_\_ New Moon \$500
- \_\_\_\_\_ Lunar \$250

**VALUE of SPONSORSHIP:** (Fill in below)

1. CASH \$ \_\_\_\_\_

2. IN-KIND \$ \_\_\_\_\_

**TOTAL CONTRIBUTION:** \$ \_\_\_\_\_

In-Kind Item/s

- 1. \_\_\_\_\_ Market Value: \$ \_\_\_\_\_
- 2. \_\_\_\_\_ Market Value: \$ \_\_\_\_\_
- 3. \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

(Attach additional sheets if needed)

Total In-Kind Value: \$ \_\_\_\_\_

**Make checks payable to:  
Sickle Cell Association  
P.O. Box 2751  
Florissant, MO 63032**

*Thank You for supporting Sickle Cell Association!*

**[www.sicklecellassociation.org](http://www.sicklecellassociation.org)**

For Office Use Only:

Check # \_\_\_\_\_ Amount \_\_\_\_\_ SCA Representative \_\_\_\_\_

\_\_\_\_\_ Receipt Sent \_\_\_\_\_ Team Contacted \_\_\_\_\_ # of participant's \_\_\_\_\_ Other \_\_\_\_\_