



2017 Sponsor Registration

Sponsor Name _____

Sponsor Mailing Address _____ Zip Code _____

Contact Name _____

Contact Phone _____ Contact Email _____

	Continuing*	One –Time
Corporate Sponsor \$2500	<input type="checkbox"/>	<input type="checkbox"/>
Gold Sponsor \$500- \$1000	<input type="checkbox"/>	<input type="checkbox"/>
Silver Sponsor \$250- \$500	<input type="checkbox"/>	<input type="checkbox"/>
Bronze Sponsor \$100	<input type="checkbox"/>	<input type="checkbox"/>

Sponsors must be committed by June 16, 2017 to be listed on event T-shirt

** If you selected Continuing Sponsorship, please indicate the length of your commitment by circling: 3 years 5 years 10 years*

Payment Method

Check Enclosed (please make checks payable to Caring Unlimited– Nicole's Run)

Amount Enclosed _____

Credit Card Payment Mastercard Visa

Name as it appears on card _____

Billing Address (if different from above) _____

Credit Card Number _____ CVV (# on back of card) _____

Expiration Date _____

Signature of Cardholder _____

Bill Me

Return this form to: Caring Unlimited, PO Box 590 Sanford, ME 04073

For More Information:

www.nicolesrun.org or www.caring-unlimited.org

