

Yes! I want to support Gilda's Club!

Organization Name _____

Contact Person _____ Title _____

Work Phone _____ Mobile Phone _____

Business Street Address _____

City _____ State _____ Zip _____

Email Address _____

Payment Types: Send Invoice Check Enclosed Credit Card (enter detail below)

Credit Card # _____ Exp. _____ / _____ Security Code _____

This represents a 2018 commitment to Gilda's Club Madison in the amount indicated.

Sponsorship (i.e. Presenting) _____ Event _____

Additional sponsorship (i.e. Red Door) _____ Event _____

I/We give permission to Gilda's Club Madison to use our/my name and logo as a sponsor for the event(s) chosen above for all event materials.

Signature _____ Date _____

Please send completed form to:

Gilda's Club Madison, Attn: Susan Grigsby

7907 UW Health Ct. Middleton WI, 53562

Or email to susan@gildasclubmadison.org