

**SPONSORSHIP ENROLLMENT FORM**

*Please review these great marketing opportunities and select the one that best suits your company's need. Please consider this package as a starting point. If you prefer, we can customize a package to better accommodate your company.*

Please indicate which event(s) in which city/cities you will sponsor:

<input type="radio"/> Cincinnati, Ohio	<input type="radio"/> Cleveland, Ohio	<input type="radio"/> Columbus, Ohio	<input type="radio"/> Detroit, Michigan
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**PLEASE INDICATE YOUR SPONSORSHIP LEVEL:**

- Presenting Sponsor
- Platinum Sponsor
- Gold Sponsor
- Silver Sponsor
- Bronze Sponsor
- Please contact me about an exhibitor and/or in-kind sponsorship opportunities.

**WE WOULD LIKE TO PARTNER AT THE DESIGNATED LEVEL FOR:**

- 1 year
- 2 years
- 3 years

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

- Our check is enclosed. (checks payable to American Lung Association)       Our check will follow.

- We will pay by credit card.     Visa     MasterCard     American Express     Discover

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ CVV2 SECURITY CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**IN ADDITION TO OUR FINANCIAL SPONSORSHIP, WE WOULD LIKE TO SUPPORT IN THE FOLLOWING WAYS:**

- Our company/group will have one or more teams participate in the stairclimb.
- We would like a member of our staff to serve on the stairclimb planning committee.

Team Captain/Committee Member:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Please reply to:**

**Jessie Jimenez-Schlicht**  
 Development Manager  
 American Lung Association in Michigan  
 25900 Greenfield Road, Suite 610  
 Oak Park, MI 48237

Direct: 248-784-2018 • Fax: 248-784-2008  
 jjimenez@midlandlung.org

**Authorized Signature:**

\_\_\_\_\_

IN-KIND SPONSORSHIP ENROLLMENT FORM

Please indicate which event(s) in which city/cities you will sponsor:

<input type="radio"/> Cincinnati, Ohio	<input type="radio"/> Cleveland, Ohio	<input type="radio"/> Columbus, Ohio	<input type="radio"/> Detroit, Michigan
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**PLEASE PROVIDE DETAILS OF YOUR IN-KIND SPONSORSHIP:**

Fair Market Value: \_\_\_\_\_

*In-kind sponsorship benefits will be awarded in accordance with the sponsorship level at half the fair market value.*

Product/services description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Quantity: \_\_\_\_\_

Delivery Options (goods/gift certificates only):

Enclosed       To be mailed by \_\_\_\_\_       Will need to be picked up by \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**IN ADDITION TO OUR FINANCIAL SPONSORSHIP, WE WOULD LIKE TO SUPPORT IN THE FOLLOWING WAYS:**

Our company/group will have one or more teams participate in the stairclimb.

We would like a member of our staff to serve on the stairclimb planning committee.

Team Captain/Committee Member:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Please reply to:**

**Jessie Jimenez-Schlicht**  
 Development Manager  
 American Lung Association in Michigan  
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 jjimenez@midlandlung.org

**Authorized Signature:**

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