



The Bonnie J Addario Lung Cancer Foundation Business Card Sponsorship Program

Full Sponsor Name: _____

Contact: _____ Phone: _____ Fax: _____

Street: _____ City: _____

State: _____ Zip: _____ Email: _____

I/We would like our \$100 Business Card Sponsorship to support the following event:

I/We would like our \$100 Business Card Sponsorship to support the following team/participant:

I/We would like a team at the Your Next Step is the Cure 5K this year: YES or NO

***PLEASE NOTE: Your business card must be received 2 weeks prior to the event to ensure its inclusion in social media posts and weekly eBlasts.

PAYMENT INFORMATION

Name: _____

Street: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Fax: _____

Check # (Payable to BJALCF): _____ or Credit Card (Circle one): AMEX VISA MC

Card #: _____ Expiration Date: _____

Signature: _____ Date: _____

Please mail this form along with the donor's payment and their business card:
Bonnie J. Addario Lung Cancer Foundation, 1100 Industrial Road Suite 1, San Carlos, CA 94070
Or fax form to (650) 598-0282

Tax ID: 20-4417327