**Sponsorship Agreement**

**Sweetheart Auction 2023**

**Saturday, February 11, 2023**

***Deadline: Friday, December 2, 2022***

**Business Sponsor**

**□ Lifesaver - $5,000 □ Rescuer - $3,000 □ Healer - $1,500 □ Friend - $800**

**Individual Sponsor**

**□ Lifesaver - $5,000 □ Rescuer - $3,000 □ Healer - $1,500 □ Friend - $800 □ Helper - $400**

***Please refer to the sponsorship brochure for details of the benefits at each sponsorship level\****

**Name** [as it should appear in media]

**Contact Person** **Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State**\_\_\_\_\_**Zip**\_\_\_\_\_\_\_\_\_

**□  *I/We would prefer to be listed as anonymous***

**Note:** Business logos should be in eps/vector format; ads should be in PDF format. Please send to [bob@cffnm.org](file:///C:\Users\PKI\CFFNM%20Dropbox\Sweetheart%20Auction\2021%20SHA\bob@cffnm.org)

**Deadline: Friday, December 2, 2022**

**Do you want to do an Honor Wall Tribute**: **□** Yes **□** No  
Honoree Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Method:**

**Check** **□** (payable to CFFNM) or **Credit Card** **□** MasterCard **□** VISA **□** AMEX **□** Discover

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment must be made by Friday, December 2, 2022 unless other arrangements are made**

**Please mail this form with your payment to:**

***Cancer Foundation for New Mexico*, *P.O. Box 5038*, *Santa Fe, NM 87502***

**Forms can be faxed to 505-955-7900 or emailed to** [**bob@cffnm.org**](mailto:bob@cffnm.org)

For additional information call Bob at 505-955-7931 x404; email [bob@cffnm.org](mailto:bob@cffnm.org)

*All proceeds benefit the Cancer Foundation for New Mexico, a 501c3 corporation, Tax ID # 41-2079799.*

*Please consult your tax adviser as to the deductibility of your contribution.*\*Benefits subject to change based on State of New Mexico health guidelines