



**Andy's Chapter of Hope of the
Leukemia Research Foundation**

Sponsorship Agreement Form



YES! WE WILL SPONSOR...
THE 11th ANNUAL MEGAN COOPER MEMORIAL GOLF TOURNAMENT
Event Date: Monday July 12, 2010

Company name: _____

Contact person: _____

Company address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

E-mail address: _____

Sponsorship level: _____

Logo will be provided in the following format: _____

Golfer names, if applicable. (Based on sponsorship level):

Golfer 1: _____ Golfer 2: _____

Golfer 3: _____ Golfer 4: _____

OTHER WAYS TO CONTRIBUTE

Our company is unable to participate as a sponsor at this time, but we would like to make a donation to *Andy's Chapter of Hope* in the amount of \$_____

Our company would like to donate a prize for your raffle or auction. Please contact me at: _____

PLEASE RETURN THIS FORM AND PAYMENT TO:

The Leukemia Research Foundation
Megan Cooper Memorial Golf Tournament
3520 Lake Avenue, Suite 202
Wilmette, IL 60091

Form can be faxed to: 847-424-0606

Thank you for your participation! If you have any questions regarding the event, please contact Molly Isbell at 847-424-0600, or Molly@LRFmail.org.