



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

**Sponsorship Agreement Form**



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**YES! WE WILL SPONSOR...  
THE 12<sup>th</sup> ANNUAL MEGAN COOPER MEMORIAL GOLF OUTING**  
Event Date: Monday July 18, 2011

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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**PLEASE RETURN THIS FORM AND PAYMENT TO:**

The Leukemia Research Foundation  
Megan Cooper Memorial Golf Outing  
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](mailto:Molly@LRFmail.org).