

Sponsorship Commitment Form

Thank you for your interest in partnering with us!

Your support is greatly appreciated and will directly impact the lives of kids, adults and their families living with muscular dystrophy, ALS and related life-threatening diseases that take away muscle strength and mobility.

Select Sponsorsnip:	Select Underwriting	
Presenting Sponsorship - \$50,000 Winner's Circle Sponsorship - \$25,000 Championship Sponsorship - \$15,000 Hall of Fame Sponsorship - \$12,000 MVP Sponsorship - \$6,000 All Star Sponsorship - \$3,500 Make a Pledge YES! I would like to sponsor the 2017 MD. I understand that my sponsorship will be	•	 □ Volunteer - \$5,000 □ Valet - \$2,500 □ Sponsor a Child to MDA Summer Camp - \$2,000 □ Individual Event Ticket - \$350 and payment to MDA.
Company Name		
Contact Name		
Phone	Email	
Address		
City	State	ZIP
Payment Information		
Enclosed is my check for the total sponso	,	,
We are unable to attend, but would like to		
☐ Please bill my (please check one): ☐ Dis	scover MasterCard Visa	AMEX
Card#		Exp. Date
Name (as it appears on card)		Billing ZIP Code
Signature		

Please return completed form and payments to April Elashik no later than September 22, 2017.

chicagomuscleteam.com mda.org