



Paws for Pancreatic Cancer

Saturday, May 9, 2009 | Houston, TX

Sponsor Information

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

T: () _____ F: () _____ Email: _____

Sponsor level:

- Platinum Gold Silver Bowl

How would you like your company listed?

Payment Method

- Check Check # _____ Check date _____

**Please make checks payable to Pancreatic Cancer Action Network*

- Credit card Please circle one: Visa MC Amex Disc Exp. date _____

Card # _____ CID# _____ Signature _____

Name as it appears on card _____

- Cash

This agreement, signed by a duly authorized representative of the company, will constitute a binding contract for the sponsorship amount indicated. By signing this agreement, you acknowledge that you have read and agree to all Pancreatic Cancer Action Network sponsorship terms and conditions. This agreement will become effective upon acceptance by the Pancreatic Cancer Action Network. Payment is due within 30 days of signing.

Signed and dated this _____ day of _____, 20_____.

 Print name

 Signature of authorized company representative

Thank you for your generous support!

For questions please contact Brandi Monteverde at brandi@pawsforpancreaticcancer.org

Please mail completed forms and payment to:

Brandi Monteverde
 14340 Memorial Drive
 Houston, TX 77079