

HOPE SOCIETY COMMITMENT FORM

NAME _____

EMAIL _____ PHONE _____

MAILING ADDRESS _____

CITY/ST/ZIP _____

Please indicate how you would like to be listed on event materials:

My gift is in ☐ HONOR or ☐ MEMORY of _____

COMMITMENT LEVEL

☐ Laureate Level | \$10,000

☐ Magnolia Level | \$5,000

☐ Dogwood Level | \$2,500

☐ Hydrangea Level | \$1,000

BILLING INFORMATION

☐ CHECK ENCLOSED \$ _____ (Please make check payable to: American Cancer Society)

☐ PLEASE CHARGE: ☐ Mastercard ☐ Visa ☐ AMEX ☐ Discover

NAME ON CARD: _____

CARD #: _____ EXP. DATE: _____

☐ PLEASE SEND AN INVOICE. (All payments must be received by Friday, October 26, 2018)

SIGNATURE*: _____ DATE: _____

**Your signature is your commitment to contribute at this level. Benefits will begin with receipt of funds or signed commitment form.*



Attacking from every angle.™

American Cancer Society
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