

2024 SPONSORSHIP AGREEMENT

Indic	ate level of sponsorship:
	\$5,000 Presenting
	\$3,000 Pharma
	\$2,500 Event
	\$1,000 Community
	\$250 Nonprofit (10 or more employees)
Orga	nization (as it appears in print):
Cont	act Name: Title:
Addr	ess:
Web	site:
Phon	ne: Email:
Nonp	profits, please provide Tax ID:
Canc	ctions: You may email this form to JOANNE FLETCHER at joannefle@comcast.net, or mail to: er Survivorship NW, 6824 19th St W, #506, University Place, WA 98466. We thank you for this leductible contribution and for your commitment to the fight against cancer.
	se designate PCCSC-24 with your payment for proper allocation. Check enclosed Please invoice our organization
	e check made payable to: Cancer Survivorship NW ing Address: 6824 19th St W, #506 University Place, WA 98466

The Pierce County Cancer Survivorship Conference is funded by Cancer Survivorship Northwest (CSNW). The mission of CSNW is to support cancer patients, survivors, and care partners by providing education and resources. Your donation helps CSNW keep the Pierce County Cancer Survivorship Conference free and available to our community today and for years to come.

PCCSC Tax I.D. #82-5077795.