



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

**Sponsorship Agreement Form**



**YES! WE WILL BE A SPONSOR OF THE**

**9<sup>th</sup> ANNUAL MEGAN COOPER MEMORIAL GOLF TOURNAMENT**

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: \_\_\_\_\_

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

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

The Leukemia Research Foundation  
Megan Cooper Memorial Golf Tournament  
3520 Lake Ave., Suite 202  
Wilmette, IL 60091-1064

Form can be faxed to: 847-424-0606

Thank you for your donation! If you have any questions regarding your donation or the event, feel free to contact Gloriann Miller at 847-424-0600.