



Southeastern Cancer Care
203 Cox Boulevard
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(919) 587-9056
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www.southeasterncancercare.org

CURES FOR THE COLORS GALA SPONSORSHIP FORM

Business or Organization Name _____

Contact Individual _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ Do you want the free event tickets
as part of your sponsorship? _____

Email _____ Sponsorship Level _____

PAYMENT INFORMATION

Sponsorship Amount: _____

PAY BY CHECK

Check Number _____

Please make checks payable to Southeastern Cancer Care.

PAY BY CREDIT CARD

Credit Card Number _____ Exp. Date _____ CVV _____

Name as it appears on card _____

Billing Address _____

City _____ State _____ Zip Code _____

Receipts will be e-mailed to the address listed above for credit card payments.

**Please submit check with this form to:
Southeastern Cancer Care
ATTN: Emma Barnes
203 Cox Blvd
Goldsboro, NC 27534**