



CRUZIN' TO CURE

www.HarleysAngels.org

A Non-Profit Organization 501(c)(3)
Federal Tax ID #72-1521727

Contribution/Sponsorship Documentation Form

Date _____

Company/Name _____

Contact _____ Position _____

Phone _____ Fax _____

E-mail _____

Address _____

City _____ State _____ ZIP _____

Full page: \$1500.00 ___

Half page: \$ 750.00 ___

Quarter page: \$ 500.00 ___

Smaller donations are accepted and the sponsor will be recognized in the center of the calendar (no logo).

Monetary (\$) Contribution: \$ _____ () Check () Cash

Special instructions or comments _____

Donor Signature _____ Date _____

Committee Member _____

Please mail to:

Harley's Angels – Cruzin' to Cure, PO. Box 12, Pearland, TX 77588

"Together we are making a difference in the search for a cure for breast cancer"

Maintain copy of this form as your receipt.