



# Miracle Match Marathon Sponsorship Contract

Please print all names legibly and exactly as they should appear in all thank-you advertisement

Date Submitted: \_\_\_\_\_

Donor's Name: \_\_\_\_\_  
(as you would like in print and media)

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Type of Donation:

SPONSORSHIP:  \$25,000 Title Sponsor

\$10,000 5-alarm sponsor

\$5,000 4-alarm sponsor

\$2,500 3-alarm sponsor

\$1,000 2-alarm sponsor

\$500 1-alarm sponsor

\$250 friend sponsor

### IN-KIND:

Description of item donated: \_\_\_\_\_

Estimated retail value: \$ \_\_\_\_\_

BILLING INFORMATION:  Check enclosed for \$ \_\_\_\_\_  Please bill me  
(make checks payable to the Scott & White Marrow Donor Program)

Credit Card Payments: Please contact Debbie Mabry, Race Administrator, at [miraclematch2017@yahoo.com](mailto:miraclematch2017@yahoo.com) for instructions for credit card payment.

**We ask that all payments be made no later than January 7<sup>th</sup> for inclusion on print materials.**

Thank you for this donation and your support of the Miracle Match Marathon and Be The Match!

Signature of Donor: \_\_\_\_\_

Please retain one copy as your TAX RECEIPT and return one copy to:

Debbie Mabry, MMM Race Administrator  
11210 Whiterock  
Temple, TX 76502