



To be listed as a Sponsor on the invitation, please reply before July 13.

Name As You Wish To Be Listed

Company as applicable

Address

Contact email

Contact Phone

Choose a Sponsorship Level

- Find A Cure \$15,000
- Raise The Rate \$10,000
- Ease The Impact \$7,500
- Gold Butterfly \$5,000
- Silver Butterfly \$2,000
- Yellow Butterfly \$1,000

Choose a Focus For Your Gift

- RCF Patient Programs
- Research
- Operations
- Where Most Needed

Total Amount of Your Gift \$ _____

Please complete payment information on reverse side.

My gift is in Honor of Memory of _____

Send acknowledgement to: _____

Enclosed is my check to Rutledge Cancer Foundation Please bill me

Please charge my MC Visa AmEx

Name on Credit Card _____

Credit Card Card Number _____ Exp _____

CVV _____ Signature _____

My company matches donations

Return to:

Rutledge Cancer Foundation 5608 Malvey Ave., Suite 306, Fort Worth, TX 76107

You May Register Online at RutledgeCancerFoundation.org/HGGiving
Questions? info@RutledgeCancerFoundation.org



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