VENDOR CONTRACT

AMERICAN CANCER SOCIETY
RELAY FOR LIFE
BARK FOR LIFE

Please print all names legibly and exactly as they should appear in all publications

☐ Corporate ☐ Individual ☐ Foundation Date_____

Donor's Name_____

Mailing Address_____

City_____State_____Zip_____

Phone _____ Fax _____ E-mail _____

Contact Name_____Title_____

Please check at which level you would like to support Bark For Life

Vendor Amounts:
☐ Free Space with donation of all profits day of event
☐ $50 with a donation of 50% of all profits day of event
☐ $100 with a donation of your choice of all profits day of event

Billing information: ACS Tax ID # 94-1170350

Contribution received by _____ will be listed in event program

Check enclosed $_____

Please make check payable to American Cancer Society

Please bill ☐ YES Date to be billed_____

Billing Address_____Attn:_____

Comments or Special Instructions: _____

Signature of Donor _____ Date _____

Mail To: American Cancer Society, Bark For Life High Desert, 6355 Riverside Ave, Riverside, Ca 92506
Attn: Danielle Chrisinger