



## SPONSORSHIP FORM

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Company/Personal Name: \_\_\_\_\_

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### Payment Information

Total Amount (payable to MAC Foundation) \$ \_\_\_\_\_ (circle below)

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Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: (mm/yy) \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if you'd like to be an anonymous donor

**Mail forms and payment to:** The MAC Foundation . 6078 Westerham Road . Mayfield Heights, Ohio

**Contact us:** For questions or to make arrangements for us to receive your sponsorship  
macfoundation2018@gmail.com    Erin Sipos: 440. 227. 5868    www.macfoundation.net

### More Ways To Donate:



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