



Please fill out the following information:

SPONSORSHIP FORM:

Company Name: _____

Contact Name: _____

Address: _____

Phone Number: _____

Email: _____

I want to be a sponsor at the following level:

__ Title \$5,000 __ Gold \$2,500 __ Silver \$1,000 __ Bronze \$500 __ Contributing Sponsor \$250

Signature of Donor

Date

Please check one:

☐ have enclosed a check made payable to UNC Children's (In memo line please put "FY24 Children's Liam Strong Charity Beach Run")

Please call me to arrange pick-up or discuss further. Provide contact information below if different than above.

o Name:

o Contact number:

☐ I prefer that my gift remain anonymous.



Please mail, fax or scan this sponsorship form to:

UNC Children's

Attn: Cameron Shoaf Lafferty

PO Box 1050

Chapel Hill, NC 27514

919-966-5470 Fax / 919-614-1766 (C) Phone

Cameron_shoaf@med.unc.edu

TAX ID: 56-6057494

Signature of N.C. Children's Hospital employee accepting form

Date