

# 2018 Racer Sponsorship Form



**Yes, I want to sponsor you by donating to The Morgan Adams Foundation!**

On behalf of CVAR, The Morgan Adams Foundation, and all the children and families affected by cancer, we would like to express a heart-felt thank you for your donation!



**SPONSORSHIP LEVEL:**  \$1,000     \$500     \$250     \$100     \$50     Other \$\_\_\_\_\_

Donor First Name:		Donor Last Name:	
Street Address:			
City:		State:	ZIP Code:
Phone:		Email:	
CVAR member you are sponsoring:			

Type of Payment:

Check (Payable to "The Morgan Adams Foundation")     Cash     Credit Card

If credit card, please complete the following:

Card Number:			
Expiration:		Security Code:	

**Mail to:** The Morgan Adams Foundation  
5303 E. Evans Ave., Suite 200  
Denver, CO 80222

## Thank You!!

**For Office Use Only. Date Funds Received:** \_\_\_\_\_