

**L A C**  
**Life After Cancer**  
**Sponsorship Form**

Name of Sponsoring Organization: \_\_\_\_\_

Name of person completing this form on behalf of sponsoring organization: \_\_\_\_\_

Position or title in sponsoring organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (required for credit card donations):

Telephone (Day): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Amount: \_\_\_\_\_

Check: \_\_\_\_\_ Make Checks Payable to: **L A C**  
*Life After Cancer*  
P.O. Box 16004  
Atlanta, GA 30321  
Email: [lateacha@life-after-cancer.org](mailto:lateacha@life-after-cancer.org)

Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ PayPal: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Alternately, you may fax the completed sponsorship form to: 770.473.0262

*LAC is a nonprofit health organization supporting women with breast cancer. Dedicated to ending breast cancer through Advocacy, Education and Research. This gift to LAC is tax-deductible to the fullest extent permitted by law.*

