



**WEST ISLIP
BREAST CANCER COALITION
FOR LONG ISLAND, INC.**

30th Anniversary

T-Shirt Sponsorship Request Form

30 Shucking Years!

Your Name: _____

Company Name: _____

E-Mail Address: _____

Phone: _____

Levels of Sponsorship for the
(Please "X" level desired)

Level 1. \$1,500.00 _____

Level 2. \$1,000.00 _____

Level 3. \$500.00 _____

Please make check payable to: West Islip Breast Cancer Coalition or
For Credit Card Payment:

Account # _____

Exp. Date: _____ Security Code: _____

Signature: _____

**All levels include your company logo on our
T-shirt and your link on our website.
Please send jpeg of your logo.**