



SPONSOR COMMITMENT FORM

We would like	to support StemC	onn at the follo	wing Sponsor level	•
PLATINUM (\$10,000) SILVER (\$7,500)			GOLD (\$5,000) BRONZE (\$2,500)	
NAME OF COMPANY:(Prin	t it as you would lik	ce to see it listed i	n print materials)	
Name of Contact				
Mailing Address:				
City:		State:	Zip:	
Phone:	Email:			
Company website:				
**********	* CREDIT CARD	INFORMATI	ON ********	******
	Circle one: VISA	MASTERCA	ARD	
Name on Credit Card:				
Billing Address (If different from	above)			
City, State, Zip				
CC #:	-	-		
Expiration Date: -		urity Code: gits on back)		
Signature		- 	Date:	

Email Completed Form *along with company logo** to <u>Stemconn2017@gmail.com</u>

OR

Mail Completed form with Check payable to:

CURE, Inc. c/o The Grove, 760 Chapel Street, New Haven, CT 06510 Attn: Kelley Gipson

THANK YOU FOR YOUR SUPPORT!