



## Sponsorship Reply Form

***Yes, I would like to support the “Miracle Match Marathon”!***

Contact Name \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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*All sponsors will be recognized according to enclosed detail of sponsorship levels.  
In-Kind donations will be recognized accordingly.*

**Miracle Maker.....(\$5,000)**

**Life Saver.....(\$500)**

**Match Maker.....(\$2,500)**

**Special Hero.....(\$100)**

**Dream Maker.....(\$1,000)**

**Other .....\$\_\_\_\_\_**

This is to confirm sponsorship - contribution will follow.

Contribution is enclosed.

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### **Contributions In Honor or Memoriam** *(complete this section if applicable)*

I would like to make a donation of \$\_\_\_\_\_ in honor of *or* in memory of

Please send acknowledgment to: \_\_\_\_\_

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**Please make checks payable to: The Scott & White Marrow Donor Program**

**Send to:** Miracle Match Marathon  
2401 S. 31<sup>st</sup> St.  
Temple, TX 76508

**Your gift is deductible as it will be devoted to our exempt purpose and we will not provide benefits or services to be valued in consideration for any gift.**