

575 Ottawa-Glandorf Road  
Suite 3  
Ottawa, OH 45875  
419-523-4449



2019 – Run for the Roses  
DONATION & SPONSORSHIP  
FORM

### DONOR AND CONTACT INFORMATION

<b>Company Name/Donor Name:</b> (As you wish it to appear in materials)	<b>Contact Name:</b>
<b>Phone :</b>	<b>Fax:</b>
<b>Address:</b>	
<b>Email:</b>	

### SPONSORSHIP SELECTION

<input type="checkbox"/> Meal Sponsor \$3,000	<input type="checkbox"/> Gold \$750	<input type="checkbox"/> Bronze \$250	<input type="checkbox"/> Other Amount
<input type="checkbox"/> Platinum \$1,000	<input type="checkbox"/> Silver \$500	<input type="checkbox"/> Table Sponsor \$100	

### HORSE RACING SPONSORSHIPS

<input type="checkbox"/> RACE SPONSORSHIP \$100 (only 10 available)
<input type="checkbox"/> HORSE SPONSORSHIP 1/\$20 or 3/\$50 (Name your own horses)
HORSE NAME #1 _____ HORSE NAME #2 _____ HORSE NAME #3 _____

### TICKETS (include appetizers and catered dinner)

TICKET QUANTITY _____ @ \$30	TOTAL = \$ _____
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### TOTAL SPONSORSHIPS/TICKETS

CHECKS PAYABLE TO FRIENDS OF PUTNAM COUNTY HOMECARE & HOSPICE	TOTAL = \$ _____
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### AUCTION / RAFFLE DONATION INFORMATION

<b>Description of Item / Donation:</b>	
<b>Donation Item or Certificate Is:</b>	
[ ] Included with this form	
[ ] Will be dropped off or mailed to Putnam County HomeCare & Hospice. (NO LATER THAN 2/1/19)	
[ ] Needs picked up by (date): ____/____/____ (NO LATER THAN 2/1/19)	
<b>In Memory Of:</b>	<b>ITEM DONATION VALUE: \$ _____</b>

### PRINT REQUIREMENTS AND DEADLINES 2/1/2019

Please return this completed form to Kendra Kuhlman by 2/1/19. Anything received after 2/1/19 is NOT guaranteed to be included in print materials. For questions, call 419-523-4449.

1. Mail: Putnam County HomeCare & Hospice, Attn: Kendra Kuhlman  
575 Ottawa-Glandorf Road, Suite 3, Ottawa, OH 45875
2. Please Email Company Logo Files to: kkuhlman@pchh.net

### THANK YOU FOR YOUR SUPPORT!

100 % of your donation is tax deductible as allowed by law (Tax ID: 20-1979807).  
Friends of Putnam County HomeCare & Hospice is a 501(c)(3) non-profit organization.  
Please make checks payable to "Friends of Putnam County Homecare & Hospice".

\_\_\_\_ Please remove me from your Hospice Night Out Mailing List. \_\_\_\_ Please remove me from all Putnam County Homecare & Hospice Mailings.