



## 2025 Harvest Sponsor Form

Contact Name:

Contact Phone:



*Scan Me*

To register and make your payment online or visit:

<https://form.jotform.com/251553388629165>

### Sponsor Information (Please Print)

CONTACT NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

E-MAIL:

PHONE:

ALT PHONE:

FAX:

ALT CONTACT NAME & NUMBER

### Sponsor Level (Please Check)

Diamond (\$10,000 +)

Platinum (\$5,000)

Gold (\$2,500)

Silver (\$1,000)

OTHER AMOUNT:

OTHER DESCRIPTION:

IN KIND VALUE:

IN KIND DESCRIPTION:

WHERE/HOW WILL THE IN KIND BE USED?

### Desired Payment Method (Please Check)

CASH

CHECK

INVOICE ME

CREDIT CARD

### Credit Card Info:

Name on Card

Card #

Exp

CCS#

Billing Address

City

State

Zip

### Acknowledgements:

I/We wish to have our gift remain anonymous (or)

Please use the following name(s) in all acknowledgements:

SIGNATURE

DATE

After your registration is complete, you will receive an invitation in the mail containing your event tickets and RSVP cards. The RSVP card will notate your meal choices at the event. **Please be sure to return them or contact us with your preference by the date noted on the card/invitation.**

Please make checks, corporate matches, or other gifts payable to: Moore County Health Foundation, PO Box 782, Dumas, TX, 79029, phone (806) 934-7811, e-mail [mchf@mchd.net](mailto:mchf@mchd.net), Tax ID #75-2687992

*Thank you for your support!*