



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
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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
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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, Tax ID #75-2687992

Thank you for your support!