



TEA IN THE GARDEN

Saturday, April 22, 2017

Participation Agreement

Name of Business, Organization or Individual (as it should appear in publications):

Address:

E-mail address:

Contact Person:

Phone:

How do you choose to sponsor in the Tea in the Garden Event?

- I will make a cash donation.
- I will donate an auction item.
- I would like to decorate a table.

Please Sign and Date

Participant Signature: _____

Please complete and return this agreement by Monday, April 17, 2016

Fax: (330) 364-0951

E-Mail: hollyr@unionhospital.org

Postal Mail: Union Hospital Development & Community Relations

659 Boulevard, Dover, Ohio 44622

Questions: Contact Kasey Ripple at (330) 243-5298 or Holly Ripple at (330) 364-0884