



Team Hope Walk Offline Donation Form

Please use this form to mail in a donation for a participant or a team.

I am supporting: _____
(Participant or Team Name)

Who is walking in the: _____
(City & State)

Donation Information

Donation Amount: _____ (Please make all checks payable to "NEOH HDSA")

Donor Name: _____

Donor Address: _____

Donor City: _____ Donor State: _____ Donor Zip: _____

Email: _____ Phone Number: _____

Payment Information

Cash Check Send Invoice Credit Card: Visa MasterCard Amex Discover

Name on Credit Card: _____

Credit Card Number: _____

Credit Card Expiration Date: _____ Credit Card CVV: _____ Billing Zip: _____

Card Holder Signature: _____

Thank You For Your Donation!

Please mail all donations with this form filled out for each donation to:

Huntington's Disease Society of America – Northeast Ohio Chapter • Team Hope 2018
c/o Randi Zubin ZMYK Brand Resource • 2012 W. 25th St. • Suite 519 • Cleveland, OH 44113
Please make all checks payable to "NEOH HDSA"

HDSA is a 501(c)(3) non-profit organization. HDSA's Federal Tax ID Number (EIN) is 13-3349872.
Your contribution is tax deductible to the full extent of the law.



IN-KIND DONATION FORM

Donating Company Information:

Company Name: _____

Company Contact: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Email Address: _____

Donated Items Name & Description:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Fair Market Value

Fair Market Value of each item: \$ _____

Number of items contributed: _____ Total Fair Market Value : \$ _____

Please mail this form to:

Huntington's Disease Society of America – Northeast Ohio Chapter • Team Hope 2018

c/o Randi Zubin ZMYK Brand Resource • 2012 W. 25th St. • Suite 519 • Cleveland, OH 44113

Please make all checks payable to "NEOH HDSA"

HDSA is a 501(c)(3) non-profit organization. HDSA's Federal Tax ID Number (EIN) is 13-3349872.
Your contribution is tax deductible to the full extent of the law.



SPONSORSHIP FORM

Select Sponsorship Level:

- King of the Jungle Sponsor \$5,000
- African Savannah Sponsor \$2,500
- Amazon Rainforest Sponsor \$1,000
- Australian Outback Sponsor \$500
- Safari Sponsor \$100



June 3rd, 2018
Cleveland Metroparks Zoo

Payment Information:

Cash Check Send Invoice Credit Card: Visa MasterCard Amex Discover

Name on Credit Card: _____

Credit Card Number: _____

Credit Card Expiration Date: _____ Credit Card CVV: _____

Signature: _____ Billing Address/Zip: _____

Sponsoring Company Information:

Company Name: _____

Company Contact: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____ Email Address: _____

Please mail your sponsorship confirmation payment with this form to:
Huntington's Disease Society of America – Northeast Ohio Chapter • Team Hope 2018
c/o Randi Zubin ZMYK Brand Resource • 2012 W. 25th St. • Suite 519 • Cleveland, OH 44113

Please make all checks payable to "NEOH HDSA"

HDSA is a 501(c)(3) non-profit organization. HDSA's Federal Tax ID Number (EIN) is 13-3349872.
Your contribution is tax deductible to the full extent of the law.