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| For TCSHOF Accounting:<br>Payment Rec'd by: _____ (Initial)<br>Date: _____ |
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## TCSHOF Sponsor Form

**YES!** I acknowledge the importance of a Tuscarawas County Sports Hall of Fame for our community.

Thank you for your **tax-deductible** contribution!

**(TCSHOF EIN: 83-2607203)**

I would like to donate:

\_\_\_\_ \$50    \_\_\_\_ \$100    \_\_\_\_ \$250    \_\_\_\_ \$500    \_\_\_\_ \$1,000    \_\_\_\_ Other

(Checks payable to TCSHOF)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Complete Donor Contact Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

*Thank You*

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| Mail To:<br>TCSHOF<br>P.O. Box 682<br>Dover, OH 44622 |
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