





ponsorship

22ND ANNUAL

## VING FOR DIABETES

	Yes, I want to be a sponsor!	*
Company/Individual		
	ntact	
Add	dress	
City	, State, Zip	
Pho	one Email	
Spo	onsor Level	
	My check is enclosed for the amount of \$	
	Please charge my credit card for the amount of \$	V
	☐ VISA ☐ MasterCard ☐ Discover	
	Name on card	l des alexan
	Billing Address	
	City, State, Zip	
	Account Number	
	Expiration date 3 digit security code	
	I cannot sponsor but would like to donate to support the	
	Diabetes Education Fund, check enclosed for the amount of \$	
	Please contact me about donating an item to the auction.	
	Phone Email	<u>*</u>
ail to	: Whitney Williams Your tax receipt will be	*

**CoxHealth Foundation** 

PO Box 8131

Springfield, MO 65890

Thank you for your support. The CoxHealth Foundation is a 501(c)3 not-for-profit organization making your gift tax deductible as allowed by law.

mailed to the above address.

For more information, call 417-269-7037.

CoxHealth Foundation