

# Sponsorship Form



Presented By:



*Please fill out the information below.  
Then, send this form and payment to:*

**Fairfield Community Health Center  
ATTN: Marketing & Fundraising  
216 Trace Drive, Lancaster, OH 43130**

**Or scan & email to:  
CSkaggs@FairfieldCHC.org**

**Name of Your Organization:**

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**Name of Best Contact with Organization**

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**Organization Contact's Phone Number**

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**Organization Contact's Email Address**

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**Organization Contact's Mailing Address**

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## **2022 Sponsorship Level (Please Select One)**

PREMIER SPONSOR      \$1,000

TEE-BOX SPONSOR      \$500