



International Taste of Greenville

benefiting

**James and Connie Maynard Children’s Hospital
at Vidant Medical Center**

“For the Love of Children”

Thursday, April 18, 2019

Hilton Greenville

Sponsorship Commitment Form

please return this form by April 12, 2019

Corporation/Company: _____

Contact Name: _____

Address: _____

Telephone #: _____ Email: _____

Amount of Sponsorship Donation: _____

Signature: _____

Payment

Check enclosed

Check being sent later

Bill me

*Checks made payable to The Community Foundation of NC East and mailed to
625 Lynndale Court Suite A, Greenville, NC 27858 with notation ‘ITOG’*

Pay with a credit card (American Express, Visa, Mastercard or Discover)

Credit Card #: _____

Expiration Date: _____ Name on Card: _____

Billing address (if different than above): _____

****a copy of your company’s logo should be emailed to maggie@growatpip.com
Logo specs. jpeg 300 DPI or Vector.pdf**

*The International Taste of Greenville is a charitable fund of The Community Foundation of NC East.
Tax ID: 56-2152669. Checks made payable to The Community Foundation of NC East and mailed to
625 Lynndale Court Suite A, Greenville, NC 27858.*

