## Northeastern Ohio



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## **Greetings from the Arthritis Foundation!**

We are excited to announce the **25<sup>th</sup> Anniversary Cleveland Magazine Silver Spoon Awards Party** to benefit the Arthritis Foundation on May 15<sup>th</sup>,
2019 at the Hilton Cleveland Downtown. With more than 1,000 participants sampling wine from several international vintners and delicious signature dishes from more than 40 Cleveland Magazine's Silver Spoon Award-winning restaurants, this is one of Cleveland's finest social and culinary evenings.

In addition to the fabulous food and wine, this event also features an exciting silent auction. Please consider contributing a signature product/service to be included in this year's silent auction. The silent auction is a distinctive feature of the event and is given prominent placement to ensure that it is viewed by all attendees. The collection includes vacations, golf outings, fashion items, spa services, unique Cleveland experiences and much more. Your donation is 100% tax-deductible and we welcome any additional marketing or display materials you wish to provide to draw attention to your item(s).

Your support of this event will help the Arthritis Foundation in our mission to find a cure for arthritis, the nation's #1 cause of disability. Funds raised also provide important local resources for the 1.3 million men, women and children in Northeastern Ohio with arthritis.

Enclosed you will find an official donation agreement form to be used for your records and tax purposes. Please complete and return the attached form to the Arthritis Foundation by April 17th, 2019. You may return the completed form with your donation to Allison Harris, 30775 Bainbridge Rd. #210 Solon, Ohio 44139. Please contact 216-352-6152 or allisonh@arthritis.org if you have any questions.

We hope you'll consider supporting this landmark celebration. Thank you for your consideration of our request.

Sincerely,

2019 Cleveland Magazine Silver Spoon Awards Planning Committee







# 2019 SILVER SPOON AWARDS DONATION AGREEMENT FORM

**Donor name**: (as you wish to appear in all promotional materials)

Address:				
		State:	Zip:	
Contact Pe	rson:	Phone: _		
Fax:		Email:		
Description	of donation:			
		(Value <u>MUST</u> be provide		
My donation	n item or certificate is	s:		
u	Included with this fo	orm		
	Will be forwarded to the Arthritis Foundation via mail/shipment			
	Needs to be picked up by the Arthritis Foundation by (date):			
Please list ar	ny restrictions:			
Would you l	ike to provide a desc	criptive brochure, photo, etc.?	YES N	IO
Donor signature:		Print donor name: _		

Please complete this agreement, make one copy for your records and return the other copy to Allison Harris at the Arthritis Foundation or e-mail a copy to allisonh@arthritis.org by April 17th, 2019.

The Arthritis Foundation is a 501 C-3 non-profit organization. Federal ID #58-1341679

Your donation is tax deductible as allowed by law. We thank you for your support!

Arthritis Foundation, Northeastern Ohio 30775 Bainbridge Road #210 Solon, Ohio 44139 216-352-6152