

**4<sup>th</sup> Annual  
Doug Ellett Memorial 5k Run/Walk  
September 18, 2011**

**CONTRIBUTION FORM**

NAME OF COMPANY: \_\_\_\_\_

Or

NAME OF INDIVIDUAL DONOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I/We would like to contribute to your fundraiser as follows:

- |                          |              |  |
|--------------------------|--------------|--|
| <b>\$100 - \$249</b>     | _____        | <b>Your business name will be placed in our brochure.</b>  |
|                          | ENTER AMOUNT |  |
| <b>\$250 - \$999</b>     | _____        | <b>Your business name will be placed in our brochure,<br/>and on t-shirts given to participants.</b>   |
|                          | ENTER AMOUNT |  |
| <b>\$1,000 - \$2,499</b> | _____        | <b>Your business name will be placed in our brochure,<br/>on t-shirts given to participants, and on a banner or<br/>sign at the finish line.</b>   |
|                          | ENTER AMOUNT |  |
| <b>\$2,500 +</b>         | _____        | <b>You will be designated as one of the lead sponsors.<br/>Your business name will be placed in our brochure,<br/>on t-shirts given to participants, and on a banner<br/>or sign at the starting line.</b> |
|                          | ENTER AMOUNT |  |
| <b>\$ OTHER</b>          | _____        | <b>Other Amount (All contributions gratefully<br/>accepted)</b>  |
|                          | ENTER AMOUNT |  |

We would appreciate you returning a copy of this form, together with your check in the appropriate amount, by August 1, 2011. If you prefer to have your contribution income tax deductible, please make the check payable to the University of Virginia Health Foundation. If you do not require an income tax deduction, please make check payable to the Doug Ellett Memorial 5k Run/Walk.

Please send to: JEANNE POTTS, 77 ARROWHEAD TERRACE, COHOES, NY 12047