

FOUNDATION

444 North Summit Street
Toledo, Ohio 43604



PROMEDICA

Your health. Our mission.

Date

June 28, 2022

To

Mayor Wade Kapszukiewicz
City of Toledo
1 Government Ctr Ste 2200
Toledo, Ohio 43604-2295

Instructions

- Enclosed is my check made payable to ProMedica Foundation.
- Please charge \$_____ to my: VISA MasterCard Discover AMEX
 Card # _____ Exp. date ____/____ Security code _____
 Name on card _____
 Billing Address (if different from above) _____

 Signature _____

| Pledge Date | Description | Pledge Amount | Pledge Balance | Amount Due |
|-------------|---|---------------|------------------|--------------------|
| June 2022 | ProMedica Concert Series VIP Pit Partner Sponsorship | \$25,000.00 | \$25,000.00 | \$25,000.00 |
| | | | TOTAL DUE | \$25,000.00 |

Thank you for your support!

In case of questions and to keep our records accurate please include:
Preferred Phone Number _____
Preferred Email _____

Questions? Please contact the ProMedica Foundation Office.

📞 419-291-0212 | 🌐 promedica.org/foundation | ✉️ promedica.foundation@promedica.org