

PARTICIPATION RESPONSE FORM

Thank you for contributing to the QueensCare 3rd Annual Holiday Health Fair!

CONTACT INFORMATION

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Website: _____

Social Media Accounts: _____

PARTICIPATION INFORMATION

Please describe how you would like to participate and any needs you will have for the day of the event (Resource table, activities, giveaways for attendees, etc.):

QUEENSCARE WILL PROVIDE:

- One (1) table and two (2) chairs.
- Coffee, water, and light refreshments.
- Lunch for two (2) per partner organization.
- Smiles and gratitude for your participation.

Cost or Fair Market Value for Giveaways (if applicable): \$ _____

Thank you for your support!

Upon receipt of the item(s) an acknowledgment letter will be sent to the address provided.

QueensCare is a non-profit organization, tax identification number 95-1644040

If you have any questions, please contact **Rachael Benage**, (213) 820-4329 | rbenage@queenscare.org

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