



Greetings from the Arthritis Foundation!

We are excited to announce the **24th annual Cleveland Magazine Silver Spoon Awards Party** to benefit the Arthritis Foundation on May 16, 2018 at the Crawford Auto-Aviation Museum. With more than 1,100 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 May 1st.** You may return the completed form with your donation to Kristen Burnside, Arbor Court 1 30775 Bainbridge Rd. #210 Solon, Ohio 44139. Please contact 216-352-6152 or kburnside@arthritis.org if you have any questions.

We hope you'll support this celebration of Cleveland's amazing culinary scene. Thank you for your consideration of our request.

Sincerely,

2018 *Cleveland Magazine* Silver Spoon Awards Planning Committee



2018 SILVER SPOON AWARDS DONATION AGREEMENT FORM

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

Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____
Fax: _____ Email: _____

Description of donation:

VALUE of donation: \$ _____ (Value MUST be provided by donor)

My donation item or certificate is:

- Included with this form
- Will be forwarded to the Arthritis Foundation via mail/shipment
- Needs to be picked up by the Arthritis Foundation by (date): _____

Please list any restrictions: _____

Would you like to provide a descriptive brochure, photo, etc.? YES _____ NO _____

Donor signature: _____ Print donor name: _____

Please complete this agreement, make one copy for your records and return the other copy to Kristen Burnside at the Arthritis Foundation or e-mail a copy to kburnside@arthritis.org by May 1, 2018. 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
Tel: 216-352-6152**