



**20th ANNUAL HOMETOWN HEROES BOWLING TOURNAMENT
EASTWAY LANES
Sunday, February 25, 2024 at 1:00 pm
Bowling Tournament Sponsor Form**

Name/Organization: _____

Contact Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

- ◆ **Please make checks payable to the Erie VA Medical Center, referencing the Psychosocial Residential Rehabilitation Treatment Program (PR RTP) Fund #1036, or the fund of your choice per the enclosed.**
- ◆ **All sponsor forms must be post-marked by Friday, February 9, 2024 for your sponsorship to be displayed the day of the tournament.**

Please check sponsorship amount below:

\$1000 (Platinum) \$500 (Gold) \$250 (Silver) \$100 (Bronze)

Other AMOUNT: _____

OR

I would like to contribute the following in lieu of monetary donation:

Auction Items: _____

For auction item pick up or drop off contact Stacy Farrell, 860-2024

Please make sponsorship checks payable to **Erie VAMC** and mail to VAMC, Attention: Voluntary Office, 135 East 38th Street, Erie, PA 16504. Should you have any questions regarding the sponsorship, please contact the Voluntary Office at the Erie VA Medical Center at (814) 860-2024 or 2454.

Thank you for contributing to the **20th Annual Hometown Heroes Bowling Tournament**. Your generosity is truly appreciated.