



Sheriff Michael J. Bouchard

## SPONSORSHIP FORM

We can't thank you enough for your interest in helping to support the mission of protecting our community.

### OMC-SPONSORSHIP \$1,000

Yes! Our company would like to be a sponsor for the April 22<sup>nd</sup>, 2010 Operation Medicine Cabinet™ held at the Oakland County Sheriff's Office.

### FRIENDSHIP CONTRIBUTION \$250

Our company will not be participating as a sponsor for the April 22<sup>nd</sup>, 2010 Operation Medicine Cabinet™ but we would like to participate on a FRIENDSHIP LEVEL, so that we may have the privilege of placing a "give-away" or a piece of literature about our company in the goodie bag that all participants will be receiving.

### DEADLINE February 22<sup>nd</sup>, 2010

Please fax this form to: 248-461-2122

Then mail the original signed form to:

Home Instead Senior Care

P.O. Box 434

Clarkston, MI 48347

To be sure that your company is properly represented in our media campaign (Company information, logo, spelling of names, etc.), we ask you to please give us two contacts so that all press releases are timely and precise.

### Operation Medicine Cabinet™

#### Participant Information

Contact Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_



Sheriff Michael J. Bouchard

Secondary Contact Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

**Rules and Regulations**

1. The use of the name or logo of the Oakland County Sheriff's Office may not be used in any way without prior written permission.
2. All sponsors agree to only use official press releases approved by Home Instead Senior Care and the Oakland County Sheriff's Office.
3. All sponsorships are exclusive and are on a first-come, first-serve basis. In order to keep track of deadlines, all sponsorship forms must be sent by fax to 248-461-2122. and then the original signed copy mailed to HISC at the address provided on this form.
4. All sponsorships must meet the approval of Home Instead Senior Care and the Oakland County Sheriff's Office.

**Please sign:**

**I understand and agree to comply with the rules and regulations for participating in the Operation Medicine Cabinet™**

\_\_\_\_\_  
**Name** **Date**

Please return the completed form by fax: 248-461-2122

**Operation Medicine Cabinet™**

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Waterford, MI 48329  
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Email: swkc@inspireseniors.com