

The Community Free Clinic



Table Host Commitment Form
Deadline: Friday, September 13, 2019

Yes! I want to host a table!

Host Information

My Name/My Company's Name	
Company Contact Person	
Email Address	
Phone	
Mailing Address	
City, State Zip	

Table Décor Information

- I will decorate my table.
- I would like the Clinic to decorate my table. My payment of \$100 is enclosed.

If decorating, please provide a detailed description of your table theme/décor.	
Estimated Fair Market Value (Amount spent on table décor)	\$

Table Guest Information

- Enclosed is the \$240 due for my table.
- We will pay for our seats individually.
- Please invoice me

Please return this form to Emily DiNunzio via email at emilydinunzio@cfclinic.org or via mail at The Community Free Clinic, 528A Lake Concord Rd. NE, Concord, NC 28025.