

Dine Out Do Good 2024 September 8-21, 2024

Dine Out Do Good allows people to choose from a list of participating restaurants and dine out for breakfast, lunch, and/or dinner knowing that the restaurant is donating a percentage of their profits to help enhance and benefit Tanner Health.

This year's Dine Out Do Good will occur from September 8-20, 2024

☐ Donate 5% of total sales or making a \$250 donation

- Promotion on Facebook and Instagram
- Logo on Dine Out Do Good flyer
- Inclusion in post-event thank you ad

☐ Donate 10% of total sales or making a \$500 donation.

- Promotion on Facebook and Instagram
- Logo on Dine Out Do Good flyer
- Inclusion in post-event thank you ad
- Promotion on Workplace by Facebook to Tanner Health System's 4,000 employees
- Post-event Photo Op

☐ Donate 15% of total sales or \$1,000 donation.

- Promotion on Facebook and Instagram
- Logo on Dine Out Do Good marketing materials
- Inclusion in post-event thank you ad
- Promotion on Workplace by Facebook to Tanner Health System's 4,000 employees
- Post-event Photo Op
- Two tickets to Spirit of Giving, Tanner
 Foundation's donor
 appreciation event

We will participate in Dine Out Do Good by:

Donating a percentage of total sales (circl	e one): 5%	10%	15%	Other	
And/or					
Making a cash donation (circle one): \$250	\$500 \$1	,000	Other_		

Total Contribution	
We will participate on the following dates for a percentage of sales donation only: Breakfast Lunch Dinner	
Sunday. September 8 Sunday, September 15 Monday, September 9 Monday, September 16 Tuesday, September 10 Tuesday, September 17 Wednesday, September 11 Wednesday, September 18 Thursday, September 19 Friday, September 13 Friday, September 20 Saturday, September 21	
Restaurant Name	
Address	
City, State, Zip	
Primary Contact Name	
Title	
EmailPhone Number	
Promotional Materials: (Number Needed)	
12"x18" posters 8.5"x11" counter cards Table Tents	
Forms and Logo must be returned to Tanner Medical Foundation by Friday, August 9, 2024.	
Contributions can be made by a check made out to Tanner Medical Foundation, credit card or online by scanning the QR code at the bottom of this page.	
CREDIT CARD INFORMATION (all information is required)	
Name on Card (please print):	
Billing Address:	
City: State: ZIP:	R
Card Number:	
Security Code (CSC):	
Expiration date (MM/YYYY):	