



SPONSOR/DONOR APPLICATION

Thank you for your interest in becoming a Sponsor/Donor for our 3rd Annual Loch Q Sa BBQ cookoff benefitting the Memorial Hospital Foundation's Oncology Fund on **Saturday, October 21st from 12-5pm at our home**. Each year attendance has grown and now we have partnered with Memorial Foundation for our 501(c)(3) charity.

Memorial Foundation's Oncology Fund provides financial assistance for patients who are receiving treatment for cancer at Memorial. **100% of donations to the Oncology Fund go directly to Memorial's cancer patients in need.**

Sponsor/Donor Levels:

- \$500 Includes 10 arm bands and the benefits listed below.
- \$1,000 Includes 20 arm bands and the benefits listed below.

If you would like to contribute in another way or a higher amount, please contact me directly to discuss.

Sponsorship/Donation Benefits:

- arm bands for employees, guests, etc. who will attend the event
- sample world class BBQ and free drinks (beer, water, soft drinks)
- enjoy The Network band
- vote for best booth decoration and lagniappe food entries
- several TV's for football on the grounds.
- mention 1 time per hour from the stage if interested
- sponsorship banners placed in very a visible location
- option to set up a company table and tent on the grounds

But most of all, you will know that your sponsorship/donation WILL help someone in need suffering from cancer!

Bring a chair and come enjoy!

THANK YOU from the bottom of our hearts!

Lori & Mike Pontius



SPONSOR/DONOR APPLICATION

Contact Name:

Company Name:

Address:

City:

State:

Zip:

Phone:

Email:

Payment:

\$500 Level

\$1,000 Level

Other: _____

Check (make check payable to: David Pontius d/b/a Loch Q Sa. In the Memo section, please write Memorial Foundation and EIN (20-4535203))

VENMO: @lochqsa

PayPal: @lochqsa

To keep accounting accurate, we are setting up a bank account for the event and once completed, I will send balance to Memorial Foundation. Rest assured that all net proceeds will go to Memorial Foundation!

Contact:

Mike Pontius

Lochqsa@gmail.com | 228-365-1923

15439 Dobson Road | D'Iberville, MS 39540

Memorial Hospital Foundation

foundation@mhq.com | 228-865-3419

PO Box 940 | Gulfport, MS 39502

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Memorial Hospital at Gulfport Foundation, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► **Corporation with 501(c)(3) Tax-exempt Status** (Applies to accounts maintained outside the U.S.)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

5 Address (number, street, and apt. or suite no.) See instructions.
PO Box 940

6 City, state, and ZIP code
Gulfport, MS 39502-0940

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

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or

Employer identification number

2	0	-	4	5	3	5	2	0	3
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Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ► *Katherine Hill* Date ► *1/11/2023*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.