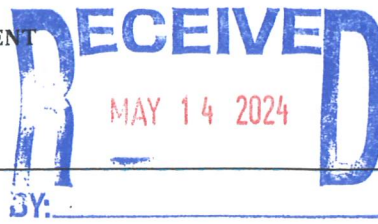


CITY OF FONTANA  
COMMUNITY SERVICES DEPARTMENT

DONATION ACCEPTANCE  
(For All Donations)



Name of Donor/Organization:  
Quintessential Care Health & Wellness

Address:  
420 E. Hospitality Ln. Suite A2  
San Bernardino, CA 92408

Contact Person, Title:  
Rhonita Henry

Phone No.  
702.785.7296

Type of Donation: (Check boxes)

Monetary

Amount \$  
\$2,500.00

Receipt No.  
1009414.002

(Attach Copy of Receipt)

Goods/Services

Estimated Value \$

Description

Intended use of Donation:

Specific →

Description:

2024 Fontana Days Run Official Sponsor

General

Thank you/acknowledgement letter sent to Donor? (Required for ALL donations)

Attach copy of acknowledgement letter to this form.

G.E.T. Online Donation Tracking Form Has Been Completed.  
(Required for ALL donations with a value greater than \$500.00)

Received By:  
Joey Lapin

Date:  
5/13/2024

Copy of this form sent to Supervisor/Manager

=== FOR ADMINISTRATION USE ONLY ===

City Council Agenda Date

Entered in Novus by:

Date

This form must be filled out for all donations received regardless of value amount. This donation must be approved by City Council prior to any spending or use of the donation.



City of Fontana

COMMUNITY SERVICES DEPARTMENT

May 13, 2024

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Quintessential Care Health & Wellness  
420 E. Hospitality Ln, Suite A2  
San Bernardino, CA 92408

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Dear Quintessential Care Health & Wellness,

On behalf of the City of Fontana, Community Service Department, we would like to extend our sincere gratitude for your generous donation of \$2,500.00 for our 2024 Fontana Days Run. We are grateful for your continued support, as it is through generous donors such as that of your organization that allows the City to host such wonderful events.

With this donation, the City is able to obtain the necessary tools and equipment needed to host another successful event. Once again, thank you for your efforts in helping the City of Fontana improve this series of community events, as we strive to continue to meet the recreational needs of the citizens of Fontana.

We look forward to working with you in the future.

Sincerely,

A handwritten signature in blue ink, appearing to read "Diana Ambriz".

Diana Ambriz  
Community Services Coordinator, Special Events  
City of Fontana

City of Fontana  
3353 Sierra Avenue  
Fontana, CA 92335  
Phone: (909) 349-6900  
FAX: (909) 349-6911  
Email: Recreation@fontanaca.gov

Receipt #1009414.002  
May 13, 2024 3:37 PM



QUINTESSENTIAL CARE HEALTH & WELLNESS  
420 E HOSPITALITY LN  
SAN BERNARDINO, CA 92408

Prepared By: nbrooks  
Customer ID: 34855

Primary phone: (702) 785-7296, Secondary phone: --

▼ Payment Summary

Check: \$2,500.00 Check # 0002

Total Received: \$2,500.00

Total Payments: \$2,500.00

▼ Transactions

Customer	Description	Item	Unit	Qty	Fee	Charge
Quintessential Care Health & Wellness 420 E Hospitality Ln San Bernardino, CA 92408 Primary phone: (702) 785-7296 Email: rhonita.henry@myqcareheath.com ID: 34855	Fontana Days Run 2024 Donations #0657.101.WS24 Action: Enroll  Meets: From January 1, 2024 to May 31, 2024 Location:	Activity Fee	Per Seat	1.00	\$2,500.00	\$2,500.00

Total Charges \$2,500.00  
Total Payments \$2,500.00  
Balance \$0





**SPONSOR APPLICATION**

Company Name: Quintessential Care Health + Wellness  
 Contact Person: Rhonita Henry  
 Address: 420 E. Hospitality Ln, Ste A-2  
 City: San Bernardino State: CA Zip: 92408  
 Phone: 702-785-7296 Fax: 909-495-1738  
 Email: rhonita.henry@myqcarehealth.com

Please complete the appropriate level of sponsorship below and fill in the dollar amount of the item donated.

Title Sponsor (\$10,000) \$ \_\_\_\_\_  
 Corporate Sponsor (\$5,000) \$ \_\_\_\_\_  
 Official Sponsor (\$2,500) \$ 2,500  
 Product Sponsor (QTY: 2,100) \$ \_\_\_\_\_  
 Top Finisher(s) Prize Donation \$ \_\_\_\_\_

*\*All Title, Corporate and Official Sponsors receive a complimentary exhibitor booth. All Exhibitor booths must be approved prior to submitting payment.*

Please list Product Sponsor or Top Finisher(s) Prizes (minimum of 2,100 for runner bags)

Qty.	Item	Delivery or Pick-up Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please pick up our donation from:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Pick-up Date: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Please return application to:

Fontana Days Run Sponsorship

16860 Valencia Avenue

Fontana, CA 92335

All check should be made payable to City of Fontana

City of Fontana -Community Services Department | 16860 Valencia Avenue, Fontana, CA 92335

Phone: 909.349.6900 | www.fontanadaysrun.org



Fontana Days Run

