



The Medallion: Macomb's Gala Event at The Palazzo Grande
March 8, 2025

SPONSORSHIP AND TICKET COMMITMENT FORM

(please print legibly)

Company or Individual Name _____ *(as you would like it to appear on print materials)*

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Sponsor	Quantity	Price Each	Total
PREMIER Sponsor		\$50,000 (FMV \$4,302)	\$
DIAMOND Sponsor		\$25,000 (FMV \$3,102)	\$
PLATINUM Sponsor		\$10,000 (FMV \$2,368)	\$
GOLD Sponsor		\$5,000 (FMV \$1,175)	\$
SILVER Sponsor		\$3,000 (FMV \$590)	\$
COUPLES Sponsor		\$1,500 (FMV: \$240)	\$
MEDALLION Ticket		\$300 (FMV \$120)	
Underwriting Opportunities	Quantity	Price Each	Total
Pre-Glow Sponsor		\$2,500 (FMV \$196)	\$
Tony Viviano Distinguished Award		\$2,500 (FMV \$196)	\$
Valet Sponsor		\$2,500 (FMV \$196)	\$
Payment must be made prior to event All tickets are nonrefundable			Grand Total: \$

Payment Method

Check enclosed (payable to Henry Ford Health) PPA Emp # _____

Please charge my credit card: Personal Business (business name) _____

Name on card *(please print)* _____

Card number _____ Expiration date _____

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Thank you for your donation benefiting the Henry Ford Macomb Hospital.

Please return this form by mail or email to:

Henry Ford Health
Development Office – Gift Processing
One Ford Place, 5A
Detroit, MI 48202-3450

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