## **Hit'em Fore Hospice**

Sponsorship and ticket commitment form Calderone Gulf Club | September 20, 2024 (Please print legibly)

Company or Individual Name	2		
Contact Person			
Address			
City, State, Zip			
Phone #		Fax#	
Email			
Sponsor Opportunities	Quantity	Price Each	Total
Presenting Sponsor (1)		\$15,000 (FMV: \$2,223)	\$
Event Sponsor		\$10,000 (FMV: \$2,096)	\$
Gold Sponsor		\$7,500 (FMV: \$1,524)	\$
Silver Sponsor		\$5,000 (FMV: \$1,024)	\$
Lunch Sponsor		\$2,750 (FMV: \$954)	\$
Drink Ticket Sponsor		\$2,500 (FMV: \$854)	\$
Breakfast Sponsor		\$2,000 (FMV: \$450)	\$
Cart Sponsor		\$1,500 (FMV: \$354)	\$
Scorecard Sponsor		\$1,000 (FMV: \$155)	\$
Pin Sponsor (13 available)		\$1,000 (FMV: \$155)	\$
Beverage Cart Sponsor		\$1,000 (FMV: \$155)	\$
19 <sup>th</sup> Hole (Bar) Sponsor		\$1,000 (FMV: \$155)	\$
Hole Sponsor (unlimited)		\$200 (FMV: \$50)	\$
Golf Tickets	Quantity	Price Each	Total
Foursome		\$1,100 (FMV: \$400)	\$
Individual Ticket		\$275 (FMV: \$100)	\$
Other ways to contribute			
Tribute Hole Sign		\$150 (FMV: \$55)	\$
Butterfly yard ornament in		¢100 (5) () ( ¢ 40)	\$
memory of a loved one		\$100 (FMV: \$40)	
Memory Ornament		\$50 (FMV: \$15)	\$
	I am unable to attend, but would like to donate		
Grand Total			
Payment must be made prior to event. All tickets are nonrefundable.			
Method of Payment			
Check enclosed (payable to Henry Ford Health) PPA Emp #			
Please charge my credit card		siness (business name)	
Name on Card (please print)			
Card Number		Expiration Date	Security Code
Thank you for your donation benefiting Henry Ford Health – Jackson. Please return this form by mail or email Henry			
Ford Health		Dea Talmage	
Development Office – Gift processing Phone: 517.795.3772			
Dne Ford Place, 5A			
Detroit, MI 48202			: dtalmag1@hfhs.org

HENRY

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