

Racing for the Future of Health

M1 Concourse • October 10, 2024

www.HenryFord.com/Showcase

**HENRY
FORD
HEALTH**

Company or Individual Name _____
(as you would like it to appear in printed materials)

Contact Person _____

Address _____

City, State, Zip _____

Phone (Cell/Home): _____ Fax: _____

Email: _____

Opportunities	Quantity	Price Each	Total
Pit Party Sponsor		\$25,000 (FMV \$1,627)	\$
Victory Circle Sponsor		\$10,000 (FMV \$1,077)	\$
Team Sponsor		\$5,300 (FMV \$814)	\$
Finish Line Sponsor		\$2,700 (FMV \$444)	\$
Couples Sponsor		\$1,500 (FMV \$260)	\$
Hot Lap Reception Sponsor		\$3,000 (FMV \$114)	\$
Valet Sponsor		\$2,500 (FMV \$114)	\$
Entertainment Sponsor		\$2,700 (FMV \$114)	\$
M1 Garage Sponsor		\$1,500 (FMV \$114)	\$
M1 Patron Ticket		\$300 (FMV \$55)	\$
	I am unable to attend but would like to donate		\$
	Grand Total		\$

Guest names - Please list on the back of this sheet

Method of payment

I will pay with: Cash Personal Philanthropy Account (PPA): EMP # _____

Check Please make checks payable to: Henry Ford Health

Credit: Personal Card Company Card Company Name: _____

Credit Card No. _____ Exp Date: _____ Security Code: _____

Name on Card _____ Signature: _____

Thank you for your donation benefiting Henry Ford Macomb Hospital North Tower Expansion Project.

Please return this form by mail, fax or email to:

Henry Ford Health
Development Office
Attn: Gift Processing
One Ford Place, 5A
Detroit, MI 48202

Tina Lavinio-Mattinen
Tel: (586) 263-2968
Fax: (586) 263-2961
cmattin8@hfhs.org

Please respond no later than Sept. 15, 2024.

Guest names - Please print clearly

Guest 1: _____ Guest 6: _____

Guest 2: _____ Guest 7: _____

Guest 3: _____ Guest 8: _____

Guest 4: _____ Guest 9: _____

Guest 5: _____ Guest 10: _____