

# Racing for the Future

## M1 Concourse • September 25, 2025

henryford.com/showcase



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 \_\_\_\_\_

| Sponsorship opportunities  | Quantity | Price Each                                      | Total |
|----------------------------|----------|---|-------|
| Pit Party Sponsor          |          | \$25,000 (FMV \$1924.00)                        | \$    |
| Victory Circle Sponsor     |          | \$10,000 (FMV \$1,174.00)                       | \$    |
| Team Sponsor               |          | \$5,300 (FMV \$932.00)                          | \$    |
| Finish Line Sponsor        |          | \$2,700 (FMV \$864.00)                          | \$    |
| Couples Sponsor            |          | \$1,500 (FMV \$218.00)                          | \$    |
| Underwriting opportunities | Quantity | Price Each                                      | Total |
| Ferrari Hot Lap Sponsor    |          | \$3,000 (FMV \$84.00)                           | \$    |
| High Speed Sponsor         |          | \$2,700 (FMV \$84.00)                           | \$    |
| M1 Circuit Sponsor         |          | \$2,500 (FMV \$84.00)                           | \$    |
| M1 Garage Sponsor          |          | \$1,500 (FMV \$84.00)                           | \$    |
| Ticket option              | Quantity | Price Each                                      | Total |
| Ferrari Hot Lap Experience |          | \$500 Donation                                  | \$    |
| M1 Patron Ticket           |          | \$300 (FMV \$75.00)                             | \$    |
|                            |          | I am unable to attend, but would like to donate | \$    |
|                            |          | Grand Total                                     | \$    |

### Method of payment

☐ 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 \_\_\_\_\_

*\*Please list guest names on the back of this sheet*

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 Friday, September 12, 2025.

## Guest names - Please print clearly

Guest 1: \_\_\_\_\_

Guest 2: \_\_\_\_\_

Guest 3: \_\_\_\_\_

Guest 4: \_\_\_\_\_

Guest 5: \_\_\_\_\_

Guest 6: \_\_\_\_\_

Guest 7: \_\_\_\_\_

Guest 8: \_\_\_\_\_

Guest 9: \_\_\_\_\_

Guest 10: \_\_\_\_\_