

Racing for the Future

M1 Concourse • August 20, 2026

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 \$1,962)	\$
Victory Circle Sponsor		\$10,000 (FMV \$1,212)	\$
Team Sponsor		\$5,300 (FMV \$1,021)	\$
Finish Line Sponsor		\$2,700 (FMV \$871)	\$
Couples Sponsor		\$1,500 (FMV \$192)	\$
Underwriting opportunities	Quantity	Price Each	Total
Car Show Sponsor		\$3,000 (FMV \$98)	\$
High Speed Sponsor		\$2,700 (FMV \$98)	\$
M1 Circuit Sponsor		\$2,500 (FMV \$98)	\$
M1 Garage Sponsor		\$1,500 (FMV \$98)	\$
Ticket option	Quantity	Price Each	Total
M1 Patron Ticket		\$300 (FMV \$75)	\$
	I am unable to attend, but would like to donate		\$
	Grand Total		\$

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

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 _____

<p>Thank you for your donation benefiting Henry Ford Macomb Hospital North Tower Expansion Project. Please return this form by mail, fax or email to:</p>	<p>Henry Ford Health Development Office Attn: Gift Processing One Ford Place, 5A Detroit, MI 48202</p>	<p>Tina Lavinio-Mattinen Tel: (586) 263-2968 Fax: (586) 263-2961 cmattin8@hfhs.org</p>
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Please respond no later than Wednesday, August 12, 2026.

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: _____