



2026 SPONSORSHIP COMMITMENT FORM

Thursday, June 11, 2026
Henry Ford Hospital
E&R Tennis Courts
2799 W Grand Blvd., Detroit
5 p.m. - 8:30 p.m.

Company or Individual Name \_\_\_\_\_

(Please print legibly- as you would like it to appear on print materials)

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Table with 4 columns: Sponsor Opportunities, Quantity, Price Each, Total. Rows include Presenting Sponsor, Bar Sponsor, Entertainment Sponsor, Ticket Sponsor, Master Chef Sponsor, Chef de Cuisine Sponsor, Sous Chef Sponsor, Friends & Family Package, Couples Package, Patron Ticket, General Admission, and Grand Total.

METHOD OF PAYMENT

Check enclosed (payable to Henry Ford Health System) PPA Employee # \_\_\_\_\_

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

Name on Card (please print) \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

TICKET DISTRIBUTION

- I will pick up event tickets at will call on June 11, 2026
Please mail event tickets to address listed above

Thank you for your donation benefiting the Tom Groth Patient Medical Needs Fund.
Full payment is due by Thursday, June 11, 2026. Please return this form by mail, fax, or email to:

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

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