HENRY FORD HEALTH®

The Station at Michigan Central
October 9, 2026

## SPONSORSHIP AND TICKET COMMITMENT FORM

*(please print clearly)*

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

Contact Person _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

| Sponsor Opportunities | Sponsorship Amount | Selection |
|---|---|---|
| Grand Sponsor | $100,000 *(FMV: $10,820)* | |
| Host Sponsor | $100,000 *(FMV: $10,820)* | |
| Event Sponsor | $50,000 *(FMV: $9,837)* | |
| Entertainment Sponsor | $25,000 *(FMV: $5,212)* | |
| Pre-Glow/VIP Reception Sponsor | $25,000 *(FMV: $5,212)* | |
| Valet Sponsor | $25,000 *(FMV: $5,100)* | |
| Bar Sponsor | $25,000 *(FMV: $5,212)* | |
| General Guest Reception | $25,000 *(FMV: $5,212)* | |
| Red Carpet Experience Sponsor | $25,000 *(FMV: $5,212)* | |
| Registration Sponsor | $15,000 *(FMV: $5,100)* | |
| Gold Sponsor | $10,000 *(FMV: $3,904)* | |
| Silver Sponsor | $7,500 *(FMV: $3,754)* | |
| **Ticket Opportunities** | **Price per Ticket** | |
| Couples Ticket | $2,500 *(FMV: $970)* | |
| Grand Ball Ticket | $750 *(FMV: $350)* | |
| Unable to attend but here is a donation. | $ | |

### Payment Method

☐ Check enclosed (payable to Henry Ford Health System) ☐ PPA Emp #_____

Please charge my credit card: ☐ Personal ☐ Business (company name) _____

Name on Card *(please print)* _____

Card Number_____ Expiration Date _____

Security Code_____ Cardholder Signature _____

**Thank you for your donation benefiting Henry Ford Health**
Please return this form by mail or email:

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

Amber Lidster
Tel: (313) 614-0871
alidste1@hfhs.org

Federal Tax ID#: 38-1357020

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