2026 Friends' Ball Sponsorship Opportunities

Providence Foundation

HENRY FORD HEALTH®

Thank you

As the regional president of the west region for Henry Ford Health and president of Henry Ford Providence Novi and Southfield Hospitals, I am humbled to request your support in our ongoing efforts to provide exceptional healthcare to our local community. Your contributions play a crucial role in continuing our tradition of a mission-driven, faith-based approach to delivering care to the poor and underserved. Together, we can ensure that Henry Ford Providence remains a beacon of hope and health for all. On behalf of the Providence Foundation and our event committees, I sincerely thank you for your consideration of these opportunities.

Shanna Johnson, FACHE
Regional President of the West Region, Henry Ford Health
President, Henry Ford Providence Novi and Southfield Hospitals

2026 Providence Friends' Ball

Date: Saturday, April 25, 2026

Time: 6 p.m.

Location: The Henry, Autograph Collection Fairlane Plaza, 300 Town Center Dr, Dearborn, MI 48126

The Caduceus Society Physicians of the Year: TBD

Order of Charity Honorees: TBD

Beneficiary: Proceeds from the 2026 Friends Ball will be allocated to critical upgrades within the Emergency Department, with a focus on behavioral health infrastructure, continued training and development for team members and equipment needs. This targeted investment will address increasing patient complexity, enhance safety and improve overall care quality in alignment with our organizational goals for patient-centered, equitable emergency care.

2026 Friends' Ball Opportunities

Presenting Sponsor - $50,000 (FMV $3,820)

- Premier seating for 20 guests
- Additional 10 guests as requested
- Recognition as Presenting Sponsor in the spoken program
- Name and logo recognition on screens during event
- Two rooms at hotel partner
- Company logo or personal name on website
- 2 bottles of champagne
- 8 tickets to the HFH Circle of 1915 recognition event

Platinum Sponsor - $25,000 (FMV $3,820)

- Premier seating for 20 guests
- Name and logo recognition on screens during event
- One overnight room at hotel partner
- Company logo or personal name on website
- 6 tickets to the HFH Circle of 1915 recognition event

Diamond Sponsor - $15,000 (FMV $1,910)

- Premier seating for 10 guests
- Name and logo recognition on screens during event
- Company logo or name on website
- 4 tickets to the HFH Circle of 1915 recognition event

Sapphire Sponsor - $10,000 (FMV $1,910)

- Seating for 10 guests
- Name and logo recognition on screens during event
- Company logo or name on website

Deadline for logo/digital submissions:
Friday, April 10, 2026

Bar Sponsor - $10,000 (FMV $1,910 - one available)

- Seating for 10 guests
- Company name / logo on sign
- Name and logo recognition on screens during event

Entertainment Sponsor - $10,000 (FMV $1,910) (one available)

- Seating for 10 guests
- Company shout out during performance
- Company name / logo on sign
- Name and logo recognition on screens during event

Valet Sponsor - $10,000 (FMV $1,910 - one available)

- Seating for 10 guests
- Company name / logo on sign
- Name and logo recognition on screens during event
- A branded item of your choice placed in each car

Ruby Sponsor - $5,000 (FMV $1,146)

- Seating for 6 guests
- Name and logo recognition on screens during event

Benefactor Couple - $1,500 (FMV $382)

- Premier seating for 2 guests
- One overnight room at hotel partner

Digital Recognition of Honorees - $500 (FMV $0.00)

- Congratulate our honoree(s) by having your digital message play on the screens during the event

Friends' Ball Ticket - $250 (FMV $191)

Providence Foundation

2026 Commitment Form

Organization Name: _____ Phone: _____

Contact Name:_____ Email: _____

Address: _____ City, State, Zip: _____

Level of Support	Qty	Total
Grand Total		

Payment

All payments are due prior to event date.

☐ Enclosed is my check for $_____made payable to: Providence Foundation

Please charge my: ☐ Personal Credit Card ☐ Business Credit Card

Amount to be charged: $ _____

Card Number:_____ Exp. Date:_____ Security Code: _____

Name on card: _____ ☐ My billing address is the same as the address listed above.

Billing Address:_____ Billing City, State, Zip:_____

Mail to:

Special Events
Providence Foundation
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1 Ford Place, 5A
Detroit, MI 48202

For questions:

Email: specialevents1@hfhs.org