



2026 Providence Golf Sponsorships

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 Golf



Date: Monday, June 1, 2026

Location: Indianwood Golf & Country Club, Lake Orion

Beneficiary: The Care of the Poor Fund and the Believe in Miracles Fund at Henry Ford Providence Novi and Southfield Hospitals. The Care of the Poor Fund provides patients currently receiving care at the Providence Hospitals with emergency financial assistance for necessities such as utilities, rent, transportation, food, medical supplies or any other emergent need. The Believe in Miracles Fund offers similar support to our oncology patients facing financial struggles while undergoing the challenges of cancer treatment.

Deadline for logo/print materials :

Friday, May 8, 2026

Underwriting

Breakfast – \$1,000

Raffle Tickets - \$1,000

Longest Drive – OC* - \$500

Longest Drive – NC* - \$500

Closest to the Line – OC* - \$500

Closest to the Line – NC* - \$500

Closest to the Pin – OC* - \$500

Closest to the Pin – NC* - \$500

Driving Range - \$500

Hole-in-One – Prize

*OC = Old Course

*NC = New Course



2026 Providence Golf Opportunities

Presenting Sponsor - \$25,000 (FMV \$2,504)

- 18 holes of golf for two foursomes (8 golfers) at the Golf Classic
- Opportunity to host a member of the Henry Ford Health leadership team with 7 golfers, on a mutually agreed upon date to golf at Indianwood Golf & Country Club
- Opportunity to provide giveaway to all participating golfers
- Company logo on welcome banner, golf cart signage, halfway house signage and in the event program
- Banner over tunnel leading to New Course
- Signage on four holes
- Public acknowledgement as the Presenting Sponsor during the program
- 2 tickets to the Circle of 1915 recognition event

Diamond Sponsor - \$15,000 (FMV \$2,504)

- 18 holes of golf for two foursomes (8 golfers) at the Golf Classic
- Opportunity to provide giveaway to all participating golfers
- Company logo in event program
- Signage on two holes
- Public acknowledgement as a Diamond Sponsor during the program

Sapphire Sponsor - \$10,000 (FMV \$1,878)

- 18 holes of golf for two foursomes (6 golfers) at the Golf Classic
- Company logo in event program
- Signage on two holes
- Public acknowledgement as a Sapphire Sponsor during the program

Emerald Sponsor - \$7,500 (FMV \$1,252)

- 18 holes of golf for one foursome (4 golfers) at the Golf Classic
- Signage on one hole
- Company listed in program
- Public acknowledgement as an Emerald Sponsor during the program

Ruby Sponsor - \$5,000 (FMV \$1,252)

- 18 holes of golf for one foursome (4 golfers) at the Golf Classic
- Company listed in program
- Public acknowledgement as a Ruby Sponsor during the program

Foursome - \$2,500 (FMV \$1,252)

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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 Amount to be charged: \$ _____
☐ Business Credit Card

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
Development Office
1 Ford Place, 5A
Detroit, MI 48202

For questions:

Email: specialevents1@hfhs.org