

Select Comprehensive Sponsorship Level:

- Health Champion **\$15,000** +3 options
- Health Leader **\$10,000** +2 options
- Health Investor **\$7,500** +1 option
- Health Promoter **\$5,000** +1 option
- Health Advocate **\$2,000** +1 option

Select Engagement Option(s):

- Digital Donor Share
- Facts and Snacks Experience
- Volunteer to Go Session
- "Why We Give" Feature

SPONSOR INFORMATION

Sponsor Name: _____

Contact: _____ Title: _____

Phone: _____ o/m Email: _____

Street Address: _____

City, State, ZIP: _____

METHOD OF PAYMENT

- Check enclosed for \$_____ payable to **Cherry Health Foundation**
- Online via **cherryhealth.org/donate**
- Please email an invoice to: _____
- Charge the credit card below.

Total Amount: \$_____ Name on Card: _____

Card #: _____ Expiration Date: _____

Billing Address: _____

City, State, ZIP: _____

Authorized Signature: _____

Return completed form by March 31, 2022 to:
Cherry Health Foundation, 100 Cherry Street SE, Grand Rapids MI 49503
or foundation@cherryhealth.com