

UM HEALTH-SPARROW FOUNDATION PARTNER AGREEMENT

(PLEASE PRINT)

COMPANY/INDIVIDUAL NAME (AS IT SHOULD APPEAR FOR FOUNDATION RECOGNITION PURPOSES)

CONTACT NAME (TITLE/SUFFIX: I.E. MR. MS. MRS./PH.D. M.D.) TITLE

BUSINESS NAME (IF DIFFERENT THAN ABOVE)

BUSINESS ADDRESS

CITY STATE ZIP

CELL OTHER PHONE FAX

E-MAIL

Total Gift Amount: \$ _____

(PLEASE DETAIL YOUR SUPPORT ON REVERSE)

I would like to discuss a multiple-year pledge of support.

PAYMENT OPTIONS (Please make all checks payable to UM Health-Sparrow Foundation)

- Check Visa Mastercard American Express Discover
 Amount Included Invoice Requested I would like to discuss payment options

NAME (AS IT APPEARS ON CHECK OR CARD)

CARD NUMBER EXP. DATE

ADDRESS

CITY STATE ZIP

DAY PHONE SIGNATURE

Please complete reverse side and return to us.



SUPPORT **DETAIL**

Thank you for your generous support. We look forward to working with you to maximize the impact and benefits of your gift. Should you need anything, please call us at 517-364-3620, email Foundation@UMHSparrow.org, or visit UofMHealthSparrow.org/Foundation today.

Total Gift Amount: \$ _____
 (YOUR CONTRIBUTION IS TAX-DEDUCTABLE TO THE EXTENT OF THE LAW)

Authorized Signature: _____ Date _____

Please detail how your support should be allocated, using the example below as a guide.

Hospital/Event <i>Ex. Gala</i>	Amount <i>Ex. \$7,500</i>	Preferred Opportunity <i>Ex. Enchant Sponsor</i>

*We will work with you on an alternative if your preferred gift opportunity is no longer available.

Please complete and return to us:
UM Health-Sparrow Foundation
 1322 E. Michigan Ave., Suite 204
 Lansing, MI 48912

Received by _____

Date _____

