

# Tribute To Excellence

## Response Card

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### Sponsorship Packages

#### VIP & Individual Admission Tickets:

- ☐ Corporate Partner ..... \$20,000
- ☐ Diamond Sponsor ..... \$15,000
- ☐ Platinum Sponsor ..... \$10,000
- ☐ Gold Sponsor..... \$5,000
- ☐ Silver Sponsor..... \$2,500
- ☐ Bronze Sponsor..... \$1,500
- ☐ VIP Admission Ticket(s) ..... \$275 x \_\_\_\_\_ = \$ \_\_\_\_\_
- ☐ General Admission Ticket(s) ..... \$250 x \_\_\_\_\_ = \$ \_\_\_\_\_

#### Additional Ways to Give

- ☐ Full Page Advertisement ..... \$1,000 x \_\_\_\_\_ = \$ \_\_\_\_\_
- ☐ Half Page Advertisement..... \$500 x \_\_\_\_\_ = \$ \_\_\_\_\_
- ☐ Quarter Page Advertisement ..... \$250 x \_\_\_\_\_ = \$ \_\_\_\_\_
- ☐ Business Card Advertisement ..... \$75 x \_\_\_\_\_ = \$ \_\_\_\_\_
- ☐ Friend of McLaren Advertisement ... \$50 x \_\_\_\_\_ = \$ \_\_\_\_\_

#### Gift of Health Tributes

- ☐ Gift of Health (Minimum gift \$150) ..... \$ \_\_\_\_\_

#### Contributions

- ☐ I/We are unable to attend,  
please accept this contribution of ..... \$ \_\_\_\_\_

**Total . . . . \$ \_\_\_\_\_**

Note: All sponsorships include advertisements

**Please make checks payable to:** McLaren Oakland Foundation

**Send payment and advertisements to:** McLaren Oakland Foundation  
50 North Perry Street • Pontiac, MI 48342-2217 • Fax 248-338-5667

**Email:** candace.campbell@mcclaren.org

**Please respond by Friday, October 24, 2014**

*We thank you for your kindness!*

# Tribute To Excellence

## Response Card

Company/Individual Name \_\_\_\_\_

(as it should appear on printed material)

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Payment:** ☐ Check ☐ Cash

☐ Charge to (circle one) Visa MasterCard Discover AmEx

Card Number \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address Zip Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

### TABLE SEATING

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Enclose email or address to receive invitation/directional mailing.**

*Gift of Health* — List your tributes below

In Honor of \_\_\_\_\_ Notify \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

In Memory of \_\_\_\_\_ Notify \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Please photocopy for additional names.

**Fax your guest list to ATTN: Candace Campbell, 248-338-5667  
or email [candace.campbell@mclaren.org](mailto:candace.campbell@mclaren.org).**