

RSVP

- Yes, I/we are delighted to attend.
- Sorry, I/we are unable to attend.
Please accept the enclosed donation.



Company _____

Contact _____

Address _____

City _____ Zip _____

Phone _____

E-Mail _____

Guest Names _____



 **Ascension Genesys**
Foundation

One Genesys Parkway
Grand Blanc, MI 48439
(810) 606-6031 or (810) 606-7909

My Sponsorship Level

_____ **Gala Premier - \$10,000** -
Premier seating for 20 guests,
two premium full-page ads, logo
on sponsorboard & website

_____ **Casino - \$5,000** - 10 event
tickets, full page ad, logo on
sponsor board & website

_____ **Oak Leaf - \$3,500** - 8 event
tickets, 1/2 page ad, logo on
sponsor board & website

_____ **Oak Branch - \$1,500** - 6 event
tickets, 1/2 page ad, logo on
sponsor board & website

_____ **Acorn - \$1,000** - 4 event
tickets, 1/4 page ad, listing
on sponsor board & website

_____ **Gala Friend- \$500** - 2 event
tickets, program listing,
sponsor board and website

_____ **Cash Donation** (optional)

_____ **Individual Tickets**
_____ @ \$150 each

Program Book:

_____ Premium full-page - \$250

_____ Full-page - \$200

_____ 1/2 page - \$150

_____ 1/4 page - \$100

_____ Listing - \$50

_____ **Grand Total**

Payment Method

_____ Check (Make payable to Ascension Genesys Foundation)

_____ Credit Card

_____ Invoice Me

Name on Card _____

Number on Card _____

Expiration Date _____ Security Code _____

For additional information, contact Tammy at (810) 606-6031,
(989) 907-8875 or Tamera.Weighman@Ascension.org

Please call (810) 606-6031 if, in the future, you wish to have your name added or removed
from the list to receive fundraising requests supporting Genesys Health Foundation.

