

School Nurse Fun Run



Holland Hospital

2024 School Nurse Fun Run Partnership Form

Please Respond by Aug 15, 2024 to be included in all promotional materials.

Company _____

Contact _____

Address _____

Email _____

Phone _____

- | | |
|--|----------|
| <input type="checkbox"/> Elite Partner | \$5,000 |
| <input type="checkbox"/> Champion Partner | \$2,500 |
| <input type="checkbox"/> Energizer Partner | \$1,000 |
| <input type="checkbox"/> Contender Partner | \$ 500 |
| <input type="checkbox"/> Finisher Partner | \$ 250 |
| Additional Donation | \$ _____ |
| Total Amount | \$ _____ |

I want to donate an In-Kind Gift (gift card or item) for the participant prizes. Item(s): _____

Payment Type:

- Please Invoice
 Check payable to Holland Hospital Fund Development
 Credit Card: Visa MasterCard Discover American Express

Card Number _____ Exp. Date _____

Signature _____

signature required to authorize payment

Respond by August 15, 2024 to:

Holland Hospital Fund Development
602 Michigan Ave
Holland, MI 49423

For more information contact: cperdok@hollandhospital.org
or 616-355-3975