

School Nurse Fun Run



2023 School Nurse Fun Run Partnership Form

*Please Respond by Aug 25, 2023 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 25, 2023 to:

Holland Hospital Fund Development
602 Michigan Ave
Holland, MI 49423

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