



2025 School Nurse Fun Run Partnership Form

Please Respond by Aug 8, 2025 to be included in all promotional materials.

Company _____

Contact _____

Address _____

Email _____

Phone _____

Select your desired partnership tier:

- | | |
|--|----------|
| <input type="checkbox"/> Olympian Partner | \$10,000 |
| <input type="checkbox"/> Expert Partner | \$7,500 |
| <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 _____ CVV _____

Signature _____

signature required to authorize payment

Respond by August 8, 2025 to:

Holland Hospital Fund Development
602 Michigan Ave
Holland, MI 49423

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