## **Benefiting Holland Community Health Center**

| at the event in social media and on promotional materials. |  |                        |  |
|--|--|------------------------|--|
|  | \$15,000 – 24 VIP reserved seats<br>\$10,000 – 20 VIP reserved seats                     |                        |  |
| Gold   | \$6,000 – 16 reserved seats<br>\$4,500 – 12 reserved seats<br>\$3,000 – 8 reserved seats | Ouartz                 | \$2,000 – 6 reserved seats<br>\$1,000 – 4 reserved seats<br>\$500 – 2 reserved seats |
| Number of Individual Tickets x \$100 = \$                  |  |                        |  |
|  |  | x \$150 (after Feb 13) | ) = \$   |
| Donation \$_   |  | Total = \$             |  |
| Name   |  | Phone ( )              |  |
| Company  |  |                        |  |
| Address  |  |                        |  |
| City   | tyStateZip   |                        |  |
| Email  |  |                        |  |
| I wish for my gift to remain anonymous                     |  |                        |  |
| Payment Method  Check enclosed payable to Holland Hospital |  |                        |  |
| Credit Card #  |  |                        |  |
| Expiration / Authorized Amount \$                          |  |                        |  |
| Required Signature   |  |                        |  |
|  |  |                        |  |

**Diamond and Platinum partnerships: deadline is Jan 5** for video recognition and inclusion in invitation. **All other partnerships: deadline is Feb 6** for inclusion in print materials. Significant partnerships approved by executive team. **Purchase individual tickets by Feb 13**. Space is limited.

For more information, please visit hollandhospital.org/cabaret or contact us at (616) 355-3975.

Mail this form to: Holland Hospital Fund Development | 602 Michigan Ave | Holland, MI 49423