

# School Nurse Fun Run



Holland Hospital

## 2026 School Nurse Fun Run Partnership Form

Please Respond by Aug 21, 2026 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 21, 2026 to:**

Holland Hospital Fund Development  
602 Michigan Ave  
Holland, MI 49423

For more information, contact: [cperdok@hollandhospital.org](mailto:cperdok@hollandhospital.org)  
or 616-355-3975