

SPARROW FOUNDATION PARTNER AGREEMENT

(PLEASE PRINT)

COMPANY/INDIVIDUAL NAME (AS IT SHOULD APPEAR FOR FOUNDATION RECOGNITION PURPOSES)

CONTACT NAME (TITLE/SUFFIX: I.E. MR. MS. MRS./PH.D MD)

TITLE

BUSINESS NAME (IF DIFFERENT THAN ABOVE)

BUSINESS ADDRESS

CITY

STATE

ZIP

PHONE

CELL

FAX

E-MAIL

Total Gift Amount: \$

(PLEASE DETAIL YOUR SUPPORT ON REVERSE)

I would like to discuss a multiple-year pledge of support.

PAYMENT OPTIONS (Please make all checks payable to Sparrow Foundation)

Check

Visa

Mastercard

American Express

Discover

Amount Included

Invoice Requested

I would like to discuss payment options

NAME (AS IT APPEARS ON CHECK OR CARD)

CARD NUMBER

EXP. DATE

ADDRESS

CITY

STATE

ZIP

DAY PHONE

SIGNATURE

Please complete reverse side and return to us

SUPPORT DETAIL

Thank you for your generous support. We look forward to working with you to maximize the impact and benefits of your gift. Should you need anything, please call us at 517.364.3620, email foundation@sparrow.org or visit SparrowFoundation.org today.

Total Gift Amount: \$ _____
(YOUR CONTRIBUTION IS TAX-DEDUCTABLE TO THE EXTENT OF THE LAW)

Authorized Signature: _____ Date _____

Please detail how your support should be allocated, using the example below as a guide.

Area/Event Ex. Sparrow Gala	Amount Ex. \$7,500	Preferred Opportunity Ex. Enchant Sponsor

*We will work with you on an alternative if your preferred gift opportunity is no longer available.

Please complete and return to us:
Sparrow Foundation
1322 E. Michigan Avenue, Suite 204
Lansing, MI 48912

Received by Date