

## Saturday in the Park

## 2025

## MISSION SPONSORSHIP LEVELS

Champions \$2,500+

Patrons \$1,000 - \$2,499

Advocates \$500-\$999

**Supporters** \$250-\$499

Friends \$50-\$249

## Sponsor Info

Name to be listed in all publicity		
Contact Person		
Address (Street, City, State, Zip)		
Phone Number	Email	
Payment Type		
□ Check enclosed		
□ Credit Card (Visa, Mastercard, A	merican Express or Discover)	
If using a credit card, please fill out the inf	ormation below	
Name (as it appears on credit card)		
Card Number	Expiration Date	

Billing Address (Street, City, State, Zip) (Only complete if the address is different than the one listed above)

Please make all checks payable to

Health Care Network, Inc.

and mail to

500 Wisconsin Ave #102, Racine, WI 53403 Thank you for your support!