



SATURDAY IN THE PARK  
**2024**

**MISSION SPONSORSHIP LEVELS**

<b>Champions</b>	<b>\$2,500+</b>
<b>Patrons</b>	<b>\$1,000 - \$2,499</b>
<b>Advocates</b>	<b>\$500-\$999</b>
<b>Supporters</b>	<b>\$250-\$499</b>
<b>Friends</b>	<b>\$50-\$249</b>

**Sponsor Info**

\_\_\_\_\_  
Name to be listed in all publicity

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address (Street, City, State, Zip)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

***Sponsorship must be  
received by 7/8/24 in order  
for your name to be  
included in the event  
publicity.***

**Payment Type**

Check enclosed

Credit Card (Visa, Mastercard, American Express or Discover)

*If using a credit card, please fill out the information below*

\_\_\_\_\_  
Name (as it appears on credit card)

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV

\_\_\_\_\_  
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!*