

Community HealthNet Health Centers' 20th Anniversary GALA

Donor and Sponsorship Form

Business/Organization Name: _____

Contact Name: _____

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Please Select your Sponsorship Level

- \$10,000 donation Diamond Partner Sponsor
- \$7000.00 donation Corporate Platinum Event Sponsor
- \$5000.00 donation Event Gold Sponsor
- \$2500.00 donation Presenting Silver Sponsor
- \$1000.00 donation Supporting Bronze Sponsor

Please make all checks payable to: **Community HealthNet, Inc.**

Mail payment and completed forms to

Community HealthNet, Inc.

Attention: Patricia Greer/AG

1021 W 5th Ave

Gary, Indiana 46402

Community HealthNet are 501c (3) and donations are tax-deductible. Please consult with your Tax Advisor.