

# Development Council's Business Honor Roll Enrollment Form

Our company pledges an annual gift of \$ \_\_\_\_\_ for the improvement of our community's health care through the Business Honor Roll of MidMichigan Health Foundation's Development Council serving Alpena.

*We would like to be recognized at the following level:*

- \_\_\_\_\_ Platinum (Pledge of \$5,000 or more)
- \_\_\_\_\_ Gold (Pledge of \$3,000 - \$4,999 or more)
- \_\_\_\_\_ Silver (Pledge of \$1,500 through \$2,999 or more)
- \_\_\_\_\_ Bronze (Pledge of \$750 through \$1,499 or more)
- \_\_\_\_\_ Sponsor (Pledge of \$250 - \$749)

*Payment of donation:*

- \_\_\_\_\_ Our check is enclosed  
(Please make check payable to MidMichigan Health Foundation)
- \_\_\_\_\_ Please send us a reminder of payment  
 Annually     Semi-annually     Quarterly

## Business Honor Roll Enrollment Form

I accept your invitation to join **Business Honor Roll**.

Representative's Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
CEO's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return to: MidMichigan Health Foundation, 1501 W. Chisholm St., Alpena, Michigan 49707*