



**We are pleased to support Covenant HealthCare's
2019 Red Carpet Premiere & Golf Classic.**

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

Sponsorship _____ Amount _____

Payment Preference:

___ Check enclosed made payable to: Covenant HealthCare Foundation

___ Send invoice

___ Please charge the following credit card:

Visa ☐ MasterCard ☐ Discover ☐ Am. Ex. ☐

Card Number ____/____/____/____ Exp. ____/____ Sec. Code _____

Signature _____

Card Holder Name: _____

Golfer's names (if applicable) :

**If you have any questions, please contact the Covenant HealthCare Foundation at 989.583.7600.
Sponsorship form may be emailed to mary.yockey@chs-mi.com, faxed to 989.583.7609,
or mailed to Covenant HealthCare Foundation, 1447 N Harrison, Saginaw, MI 48602.**

*Covenant HealthCare Foundation is exempt from federal income tax under section 501(c)(3)
of the Internal Revenue Code as an organization described in section 170.
Contributions to Covenant HealthCare Foundation may be deductible under section 170 as allowed by law.*